Si	ate of Rhode Island and Pro Office of the Secreta		ions Fee: \$50.00
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability com n thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. <u>001668288</u>			
2. Exact Name of the Limited Liability Company LINEAR HOLDINGS, LLC			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	ode that best describes the primary information on <u>NAICS</u> can be found		by the entity. Download
4. Brief Description of the	Character of the Business Whic	h is Actually Conduc	cted in Rhode Island
REAL ESTATE TRANS	ACTION SERVICES		
5. Principal Office Addres	iS		
	DHN CLARKE ROAD DLETOWN S	tate: <u>RI</u> Zip: <u>0284</u>	42 Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Nam	e or Title of Contact	Person:
	DHN CLARKE ROAD	ate: <u>RI</u> Zip: <u>0284</u>	<u>12</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Lial	bility Company, if A	pplicable.
Title	Individual Name First, Middle, Last, Suffix		<b>ddress</b> n, State, Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LINEAR SETTLEMENT SERVICES, LLC 127 JOHN CLARKE ROAD 1ST FLOOR MIDDLETOWN, RI 02842

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 1 Day of October, 2018 at 6:49:17 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>KELLY LETTMANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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