



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>157965</b>		2. Exact name of the limited liability company <b>ACADIA WALNUT HILL LLC</b>	
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Management of real property</b>	
5. Principal office address <b>c/o Acadia Realty Trust 1311 Mamaroneck Avenue, Suite 260</b>		City <b>White Plains</b>	State <b>New York</b>
		Zip <b>10605</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Robert Masters</b>		Contact Title <b>Senior Vice President</b>	
Street Address <b>c/o Acadia Realty Trust 1311 Mamaroneck Avenue, Suite 260</b>		City <b>White Plains</b>	State <b>New York</b>
		Zip <b>10605</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>NATIONAL REGISTERED AGENTS, INC.</b>		Address	
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888-</b>

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

**FILED**

File Date

**OCT 01 2007**

Check No.

By:

**088724**  
*mne*

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Robert Masters*

Signature of Authorized Person

**9-25-07**

Date

**Robert Masters**

Print or Type Name of Authorized Person