



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 155794		2. Name of Corporation STONEHENGE TAX CREDIT FUND RHODE ISLAND, INC.			
3. Street Address Principal Business Office 236 THIRD STREET			City BATON ROUGE	State LA	Zip 70801
4. Business Phone No. 225-408-3000		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Tax credit financing.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS J. ADAMEK			Vice President Name GORDON S. LEBLANC, JR.		
Street Address 236 THIRD STREET			Street Address 236 THIRD STREET		
City BATON ROUGE	State LA	Zip 70801	City BATON ROUGE	State LA	Zip 70801
Secretary Name WILLIAM B. OWENS, JR. (also a Vice President)			Treasurer Name BARRY G. GOWDY		
Street Address 236 THIRD STREET			Street Address 191 W. NATIONWIDE BLVD., SUITE 600		
City BATON ROUGE	State LA	Zip 70801	City COLUMBUS	State OH	Zip 43215
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	COMMON	\$0.01	100	COMMON STOCK	\$0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

<b>FILED</b>
File Date <b>FEB 25 2008</b>
Check No. _____
By: <b>WS 53</b>
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.

Signature 2-20-2008  
Date  
**WILLIAM B. OWENS, JR**  
Print or Type Name  
**VICE PRESIDENT**  
Title