

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 2008

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.

| E ID No | 2. Exact i | 2. Exact name of the limited liability company PROSPECT/RIVERVIEW APARTMENTS, L.L.C. | | | | | |
|------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------|----------------------------|-------|--|
| 143338 | PROSP | | | | | | |
| 3 State of Formation 4. Brief description of the character of the busin INVEST, MANAGE AND OWN PROPE | | | | e Island | | | |
| 5 Principal office address | | | | CHy | State | Zip | |
| 895 Putnam Pike | | | | Glocester | RI | 02893 | |
| 6. MAILING ADI | DRESS OF LI | MITED LIAB | ILITY COMPANY AN | D NAME OR TITLE OF CONTACT Contact Title | PERSON: | | |
| George | A. Resr | nevic | | | | | |
| Street Address | Street Address | | | City | State | Zip | |
| 895 Pi | ıtnam Pi | lke | | Glocester | RI | 02894 | |
| Manager Name | ~ | FILL IN | SPACES BEFORE US | ED LIABILITY COMPANY, IF APPL ING ATTACHMENTS ("X" BOX FO Manager Name | R ATTACHMENT) | | |
| Mreet Address | | | | Stroet Address | Street Address | | |
| CHY | | State | Zip | City | State | Zip | |
| Manager Name | | | | Manager Name | Manager Name | | |
| Street Address | | | | Street Address | Street Address | | |
| спу | | State | Zip | City | State | Zip | |
| 8. RESIDENT AG Agen Name Alfred | | | - DO NOT ALTER - C | changes require filing of Form 6 | 1 42 - R.I.G.L. 7-16-11 | ŧ | |
| 4ddress 55 Pine Street | | | | City Providenc | ^{Zip} 02903 | | |

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

| File Da | ie FILED |
|---------|---------------------------------|
| Check t | voOCT_03_2008 |
| Ву: | By 125/22 |
| | 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. | |
| | 4 . |
| | $a \mid \cdot \mid \cdot$ |
| COM A NOM 1 1 | 91117.104 |
| Signature of Authorized Person | Date |
| - g of things ited | Diane 1 |

George A. Resnevic
Print or Type Name of Authorized Person