RI SOS Filing Number: 200836343630 Date: 10/10/2008 4:00 PM

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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.	2. Exact name of the limited liability company
107488	Jamestown Apartments LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Massachusetts	Real Estate

5. Principal office address	City	State	Zip
One Washington Street	Wellesley	MA	02481

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Fineberg Management, Inc.	

Street Address	City	State	Zip
One Washington Street	Wellesley	MA	02481

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Jamestown Corp.	
Street Address	Street Address
One Washington Street	
City / State / Zip	City / State / Zip
Wellesley / MA / 02481	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

RECEIVED
2008 OCT 10 PM 12:35
SECRETARY OF STATE
CORPORATIONS DIVISION

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

[redacted] 107488 [redacted]

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 of Authorized Person *Date* 10/8/08

[redacted] Joseph A. Donovan, CFO
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 10 2008
By: By 8751

FOR SECRETARY OF STATE USE ONLY

26966-12-288527

Form 632 Rev. 08/08