

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.

				. <u></u>		
1. ID No.	2. Exact name of the limited liability company					
160127	POAH Fieldstone Apartments, LLC					
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
Rhode Island To own, rent and operate residential apartments						
2				. т	T	
5. Principal office address		-0	City	State	Zip	
40 Court Street	Suite 6		Boston	MA	02108	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AI	4	ACT PERSON:		
Contact Name			Contact Title	Contact Title		
Amy S. Anthony			President of Men	President of Member		
Street Address		•	City	State	Zip	
40 Court Street	Suite 6	50	Boston	MA	02108	
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	Manager Name		
			<u>:</u>			
Street Address			Street Address	Street Address		
			•			
City	State	Zip	City	State	Zip	
,				1 " "		
Manager Name			Manager Name			
munuger same			manager vaine	manager rame		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			:		1	
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						

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

160127

File Date 2-6-09

Check No. 4305

By: MODE

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.

Signiture of Authorized Person

Amy S. Anthony

Print or Type Name of Authorized Person