

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 74255  
2. NAME OF CORPORATION Harvard-Broad Apartments, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 319 Pine Street  
CITY Providence STATE RI ZIP CODE 02903  
4. BUSINESS PHONE NO. (401) 455-3450  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 5538

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
To engage in the business of acquiring, financing, owning and operating low to moderate income housing.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Thomas O'Connor  
STREET ADDRESS: 202 Congress Street  
CITY: Providence STATE: RI ZIP CODE: [blank]

VICE PRESIDENT NAME: Mark E. McGwin, III  
STREET ADDRESS: 110 Damon Avenue  
CITY: Warwick STATE: RI ZIP CODE: [blank]

SECRETARY NAME: Lawrence Brown  
STREET ADDRESS: 1482 Broad Street  
CITY: Providence STATE: RI ZIP CODE: [blank]

TREASURER NAME: Michael Aaronson  
STREET ADDRESS: 71 Princeton Street  
CITY: Providence STATE: RI ZIP CODE: [blank]

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Thomas O'Connor  
STREET ADDRESS: 202 Congress Street  
CITY: Providence STATE: RI ZIP CODE: [blank]

DIRECTOR NAME: Mark E. McGwin, III  
STREET ADDRESS: 110 Damon Avenue  
CITY: Warwick STATE: RI ZIP CODE: [blank]

DIRECTOR NAME: Lawrence Brown  
STREET ADDRESS: 1482 Broad Street  
CITY: Providence STATE: RI ZIP CODE: [blank]

DIRECTOR NAME: Michael Aaronson  
STREET ADDRESS: 71 Princeton Street  
CITY: Providence STATE: RI ZIP CODE: [blank]

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	SHS COMM NO	PAR VALUE	100	Common	No Par Value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date:

2/26/96

Check No:

2203

By:

*[Handwritten signature]*

*[Handwritten signature of Thomas O'Connor]*  
Signature of Officer

Thomas O'Connor  
Print or Type Name of Officer

President  
Title of Officer

2/15/96  
Date

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING