| RALPH MOIL                        | State of Rhode Island a<br>Office of the S                           |                             |   | NS Fee: \$50.0                                  |  |
|-----------------------------------|--|-----------------------------|---|---|--|
|                                   | Division Of  | Ducinosa C                  | miaaa                                       |   |  |
|                                   |  | River Stre                  |   |   |  |
| v                                 | Providence   |                             |   |   |  |
| (401) 202 2040                    |  |                             |   |   |  |
| etary of S                        | · · ·  | 222-30+0                    |   |   |  |
| imited Liability                  | Company  |                             |   |   |  |
| Innual Report                     | nber 1 - November 1  |                             |   |   |  |
| ining i crioù. Oopton             |  |                             |   |   |  |
|                                   | R.I.G.L. 7-16-66(d), each limited liab                               |                             |   | o   |  |
|                                   | within thirty (30) days after the time                               | prescribed                  | by law (R.I.G.L.                            |   |  |
| -16-66( <i>b&amp;C))</i> is subj  | ject to a penalty fee of \$25.00.                                    |                             |   |   |  |
| ANNUAL REPORT                     | YEAR: <u>2011</u>  |                             |   |   |  |
| 1. ID No. <u>0005</u>             | <u>44714</u>   |                             |   |   |  |
| 2. Exact Name of                  | the Limited Liability Company $\underline{P}$                        | INNACLE                     | E PROPERTY MAN                              | AGEMENT LLC                                     |  |
| 3. State of Forma                 | tion   |                             |   |   |  |
| State: <u>RI</u>                  |  |                             |   |   |  |
|                                   | n of the Character of the Busines                                    |                             |   |   |  |
| Manage Affordable                 |  |                             |   |   |  |
| •                                 |  |                             |   |   |  |
| No. and Street:                   | 895 MENDON ROAD  | <i>a</i> <b>b</b>           |   | ~   |  |
| City or Town:                     | CUMBERLAND   | State: <u>R</u>             | <u>I</u> Zip: <u>02864</u>                  | Country: <u>USA</u>                             |  |
| 3. Mailing Address                | s of Limited Liability Company ar                                    | nd Name o                   | Title of Contact Pe                         | erson:  |  |
| Contact Name: BE                  | CKY RENAUD Contact Title: ASS  | SISTANT TO                  | DIRECTOR                                    |   |  |
| No. and Street:                   | 895 MENDON ROAD  |                             |   |   |  |
| City or Town:                     | CUMBERLAND   | State: 1                    | <u>RI</u> Zip: <u>02864</u>                 | Country: <u>US</u>                              |  |
| 7. Name and Addr<br>DO NOT LIST M | ess of Each Manager of the Limi<br>EMBERS                            | ted Liabilit                | y Company, if Appl                          | icable.   |  |
| Title                             | Individual Name  |                             | Ado   | Iress   |  |
|                                   | First, Middle, Last, Suffix  | First, Middle, Last, Suffix |   | Address, City or Town, State, Zip Code, Country |  |
| MANAGER                           | MANAGER VALLEY AFFORDABLE HOUSING CORP.                              |                             | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA |   |  |
|                                   |  |                             |   |   |  |
|                                   |  |                             |   |   |  |
|                                   | NT IN RHODE ISLAND - DO NOT A<br>e Filing of Form 642 - R.I.G.L. 7-1 |                             |   |   |  |
| Shanges Neydin                    |  | v-11                        |   |   |  |
| ALBERT B. WES                     | T, ESQ. 3460 MENDON ROAD CU  | MBERLAND                    | <u>)</u> , <u>RI 02864</u>                  |   |  |
|                                   |  |                             |   |   |  |

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

**Signed this 26 Day of September, 2011 at 2:30:27 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>BECKY RENAUD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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