



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 162286		2. Exact name of the limited liability company MUMFORD HOUSING STATE CREDIT INVESTORS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To engage in real estate business, including without limitation, buying, selling, construction, owning, dealing, developing & rehabilitation housing for low & moderate			
5. Principal office address 50 WASHINGTON SQUARE		City NEWPORT		State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT M. SABEL		Contact Title SECRETARY			
Street Address 50 WASHINGTON SQUARE		City NEWPORT		State RI	Zip 02840
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name MMH CORP.		Manager Name			
Street Address 50 WASHINGTON SQUARE		Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip
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 Form 642.					

FILED

OCT 06 2014

BY 1892

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Person

Date

ROBERT M. SABEL

Print or Type Name of Authorized Person