

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

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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.	2. Exact na	2. Exact name of the limited liability company				
107488	Jamest	own Apartments,	LLC			
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Massachusetts	Real Es	Real Estate				
5. Principal office address 1 Washington Street			City Wellesley	State MA	Zip 02481	
6. MAILING ADDRESS C	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Fineberg Management, Inc.			Contact Title			
Street Address 1 Washington Street			City Wellesley	State MA	Zip 02481	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT) [DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Jamestown Corp.			Manager Name			
Street Address 1 Washington Street			Street Address			
City Wellesley	State MA	Zip 02481	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	10		
•	Otato	2.10	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND					
		Office of the Secreta	ary of State. Changes require	filing Form 642		
			, and an addition			

FILED

OCT 3 0 2014

File Date ______

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

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.

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012