



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 **2012**

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. 000141983		2. Exact name of the limited liability company POAH Cherry Hill, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island OWN AND OPERATE RENTAL APARTMENTS			
5. Principal office address 40 Court Street, Suite 700		City Boston	State MA	Zip 02108	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lewis Berk		Contact Title Deputy Corporate Counsel			
Street Address 40 Court Street, Suite 700		City Boston	State MA	Zip 02108	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

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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.

W. Burt Lloyd _____ 8/31/2015
 Signature of Authorized Person Date

W. Burt Lloyd, Managing Director
 Preservation of Affordable Housing, Inc.
 Print or Type Name of Authorized Person Sole Member Manager