State of Rhode Island and Providence Plantations  Department of State - Business Services Division	<del></del>
Annual Report for the year: 2016 Limited Liability Company	
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	

1. Entity ID Number	2 Evectina	me of the Limited	Liability Company		~	
000136155	2. Exact name of the Limited Liability Company POAH Southwinds Apartments, LLC				10	
3. NAICS Code  53 - Real Estate and Rer  5. State of Formation  Rhode Island	4. Brief description of the character of business conducted in Rhode Island  Own and operate apartments					
6. Principal Office Address			City	State	<b>2</b> ip	
40 Court Street, Suite 700			Boston	MA	02118	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or Ti			<del> </del>	
Contact Name Lisa Reich			Contact Title Paralegal			
Street Address 40 Court Street, Suite 700			City Boston	State MA	<sup>Zip</sup> <b>02108</b>	
8. List ALL managers (names ar	nd addresses	) of the Limited Lia	ability Company, IF APPLIC	ABLE - DO NOT LIST N	IEMBERS	
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	
				Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	d. This inform	ation is currently of r	ecord with the Department of S	State. Changes require filing	Form 642.	
Under penalty of perjury, I decistatements, and that all statem			=	ing any accompanying	schedules and	
Name of Authorized Person				Date	ı	
W. Bart Lloyd, Managing Director of Preservation of Affordable Housing, Inc.						
Signature of Authorized Persen	who	J SIGN DO	OCUMENT HERE			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT **25 2016** 

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