State of Rhode Island a Department of S			rices Division	_		
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - Novem	ber 1	ecember 1.		7.1: DEFE	
. Entity ID Number 2. Exact name of the Limited Lia POAH Driftwood Apartment			• • •		EM &	
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					
6. Principal Office Address 40 Court Street, Suite 700			City Boston	State MA	Zip 02118	
7. Mailing Address of Limited Lia	ability Comp	any and Name o				
Contact Name Lisa Reich			Contact Title Paralegal			
Street Address 40 Court Street, Suite 700			City Boston	State MA	^{Zip} 02108	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST !	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment 🗸	
9. Resident Agent in Rhode Islan						
Under penalty of perjury, I dec statements, and that all staten				ing any accompanyin	g schedules and	
Name of Authorized Person W. Bart Lloyd, Managing Director of Preservation of Affordable Housing, Inc.					12016	

SIGN DOCUMENT 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

BY Cn 286794 9:01