State of Rhode Island a	nd Provider	nce Plantations			
Department of S			ices Division		
Annual Report for the y Limited Liability Compa		13			
→ Filing period: September	-	ber 1			
→ Filing Fee: \$50.00					
→ Penalty: Additional \$25.00	fee if form	is not filed by De	ecember 1.		
1. Entity ID Number	2. Exact name of the Limited Liability Company				3
000152907	POAH Pocasset Apartments, LLC				~ ~
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Ren ▼	Own and operate apartments				
5. State of Formation	ĺ				9 43
Rhode Island					2 '''
6. Principal Office Address			City	State	Zip
40 Court Street, Suite 700			Boston	MA	02118
7. Mailing Address of Limited Lia	bility Compa	any and Name or			
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 ar	nd addresse	s) of the Limited L	iability Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS
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
		<u> </u>	1	Check the box to it	ndicate an attachment 🗸
9. Resident Agent in Rhode Islan	d. This inform	mation is currently of	frecord with the Department of S	State. Changes require filin	g Form 642.
Under penalty of perjury, I deci statements, and that all statem				ling any accompanyin	g schedules and
Name of Authorized Person				Date	7
W. Bart Lloyd, Managing Di	rector of P	reservation of	Affordable Housing, Inc	. 10/10	12016
Signature of Authorized Person	2	SIGN D	OCUMENT HERE		
	My h				
	/ / /				

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 80 97 A. A. 9:05 A MFORM 632 - Revised: 08/2016