Annual Report for the year: Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00					R.J. DES SAN
→ Penalty: Additional \$2	5.00 fee if form	is not filed by D	ecember 1.		3 940
1. Entity ID Number 000164064		2. Exact name of the Limited Liability Company POAH Heritage Apartments, LLC			8: 50 777
3. NAICS Code 53 - Real Estate and Re	— I .	Brief description of the character of business conducted in Rhode Island Own and operate apartments			
5. State of Formation Rhode Island					
6. Principal Office Address			City	State	Zip
40 Court Street, Suite 700			Boston	MA	02118
7. Mailing Address of Limite	d Liability 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 (nam	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	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
			H. W.C.	Check the box to in	ndicate an attachment
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of S	State. Changes require filin	g Form 642.
Under penalty of perjury, I statements, and that all st			examined this report, includ true and correct.	ling any accompanying	g schedules and
Name of Authorized Person				Date	1
	g Director of P	reservation of	f Affordable Housing, Inc	10/10	12016
W. Bart Lloyd, Managin					

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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