

Filing Fee: \$50.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 SEP 18 PM 12:41

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
Winn Managed Properties, LLC
2. The fictitious business name to be used is WinnResidential - Historic Prospect Heights I
3. The state or territory under the laws of which it is incorporated, organized or formed is DE
4. The date of incorporation, organization or formation is 10/2/01
5. If a business corporation, the address of its registered office within Rhode Island is _____
6. If a business corporation, the business in which it is engaged Property Management
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: _____

Winn Managed Properties, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

Winn Managed Properties LLC
By: WinnResidential LLC, its Manager
By: WinnResidential LLC, its GP
By: WinnResidential Manager Corp., its Manager
By: Susan Malatesta, Authorized Signatory

By

Signature of Authorized Officer of the Corporation

or

By

Signature of Authorized Person for the Limited Liability Company

or

By

Signature of Authorized Person for the Limited Partnership

FILED

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A.A. 12:41pm



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 18, 2017 12:41 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

