Filing Fee: \$50.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

B.I. DEPT. OF STATI BUS SVCS DIV

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 corporatio Winn Managed Properties, LLC	n, limited liability company or limited	d partnership is:	
2.	The fictitious business name to be used is WinnRe	esidential - Historic Prospect Hei	ghts I	
3.	The state or territory under the laws of which it is incorporated, organized or formed is			
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			
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.			
		Under penalty of perjury, I declare herein is true and correct.	that the information contained	
Date		Winn Managed Properties, LLC		
υa	ate:	Name of Applicant Corporation, Limited Lia	ability Company or Limited Partnership Winn Managed Properties LIC By Winnfestions all Limited Partnership. Its Manager By Winnfestionships LIC, its GP By Winnfestionship Manager Corp., Its Manager By Susan Malateria, Authorized Signatory	
		Signature of Authorized Officer of the Corporation		
	FILED	<u>or</u>		
	SEP 1 8 2017	Signature of Authorized Person	for the Limited Liability Company	
	orm No. 624	<u>or</u> Bv		
	· N 12:410	Signature of Authorized Person	for the Limited Partnership	
	orm No. 624 evised: 12/05	γ Λ.		