| s s | State of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--|---|--|---------------|
| | Division Of Business 148 W. River St Providence RI 0290 | reet | |
| HOPE | (401) 222-304 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2018 | | | |
| 1. ID No. <u>000797242</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>BOWLING VILLAGE PROPERTIES, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | |
| <u>813990</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| | | | NCOME |
| AFFORDABLE HOUSING IN WASHINGTON COUNTY FOR LOW/MODERATE INCOME RESIDENTS OF RHODE ISLAND | | | |
| 5. Principal Office Addre | SS | | |
| No. and Street:238 ROBINSON STREETCity or Town:WAKEFIELDState: RIZip: 02879Country: USA | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: ALICE L. BUCKLEY Contact Title: EXECUTIVE DIRECTOR | | | |
| | <u>ROBINSON ST</u> <u>KEFIELD</u> State: <u>R</u> | Zip: <u>02879</u> Country | y: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| MANAGER | First, Middle, Last, Suffix ALICE BUCKLEY | Address, City or Town, State, Zip C | |
| | | 238 ROBINSON ST WAKEFILED, RI 02879 USA | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

GERARD N. BERTRAND 400 TOWER HILL ROAD NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of June, 2018 at 2:15:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ALICE L. BUCKLEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved