State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
666703	RIH ADVENT APARTMENTS, LLC					
3, NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
925100	DEVEOPMENT AND PRESERVATION OF AFFORDABLE HOUSING					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
44 WASHINGTON STREET			PROVIDENCE	RI	02903	
7. Mailing Address of Limited Lia	_	ny and Name or T	itle of Contact Person		···	
Contact Name BARBARA G. FIELDS			Contact Title EXECUTIVE DIRECTOR			
Street Address 44 WASHINGTON STREET			City PROVIDENCE	State RI	^{Zip} 02903	
8. List ALL managers (names ar	nd addresses)	of the Limited Li	ability Company, IF APPLICABL	E - DO NOT LIST	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>			Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person				Date	Date	
Carol Ventura, Deputy Director				Septem	September 14, 2018	
Signature of Authorized Person			*			

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

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