State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 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. 000792736

2. Exact Name of the Limited Liability Company POAH Grace Apartments, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

531110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER THE ACT, INCLUDING WITHOUT LIMITATION
TO
PROVIDE RENTAL HOUSING AND RELATED SERVICES FOR LOW-INCOME INDIVIDUALS;
TO SERVE AS A GENERAL PARTNER OF ONE OR MORE RHODE ISLAND LIMITED PARTNERSHIPS ENGAGED IN THE DEVELOPMENT AND OPERATION OF FACILITIES FOR
RENTAL HOUSING AND RELATED SERVICES FOR LOW-INCOME INDIVIDUALS.

5. Principal Office Address

No. and Street: C/O POAH, INC.
40 COURT STREET, SUITE 700
City or Town: BOSTON State: MA Zip: 02108 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 40 COURT STREET
SUITE 700
City or Town: BOSTON State: MA Zip: 02108 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

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

SEAN T. OLEARY 4060 POST ROAD WARWICK , RI 02886

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

Signed this 20 Day of November, 2018 at 2:29:16 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 AARON GORNSTEIN
Signature of Authorized Person

Form No. 632
Revised 09/07