

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dursion 100 North Main Street Providence, RI 02903-1335 401 222,3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_

2005

Filing Period: Septer	nber 1 - November 1 OR PRINTED IN BLACK)	• Filing Fee: \$50.00					
1 ID No	2. Exact name of the limit	ed liability company		<del> </del>	<del></del>		
82391		eadows Apartments, LLC					
3 State of Formation			which is actually conducted in Rhode Island				
RHODE ISLAND REAL ESTATE							
5. Principal office address	,		City	State	Zip		
	Perrace, suite		Providence	RI	02903		
	SS OF LIMITED LIAB	ILITY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	1 32700		
Charil Conse			Contact Title				
Cheryl Cuzzon	<u> </u>	<u> </u>	Operating Manag	er			
Sirvei Address 50 Exchange T	errace, Suite	320	City	State	Zip		
			Providence	RI	02903		
	FILL IN SE	PACES BEFORE USING AT	ABILITY COMPANY, IF APP. TACHMENTS ("X" BOX FO FILING OF AMENDMENT, R	OR ATTACHMENT)	) [] ) (2) / 7-16-52		
Manager Name			Manager Name	•			
Cheryl Cuzzon	e		John F. Guzzone	John F. Cuzzone, III			
Street Address			Sirrei Address	.,			
50 Exchage Te	rrace, Suite 3	20	1580 Wampanoag Trail, Suite 200E				
Providence	State RI	02903	cin Barrington	State RI	<sup>2tp</sup> 02806		
Manager Name		•	Manager Name				
Street Address			Street Address		·		
City	State	Zıp	Cuy	State	Zip		
8. RESIDENT AGENT	I IN RHODE ISLAND	- DO NOT ALTER - Chang	es require filing of Form (    Address	 642 - R.I.G.L. 7-1(	6-11		
PAUL PLOURDE, ESC	2.		PLOURDE, BOGUE, MCLA	UGHLIN			
Address			City		Zip		
50 EXCHANGE TERR	ACE, SUITE 320		PROVIDENCE 02903		·		
	-		<del></del>				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	*82391*	•
File Date	10/14/05 3080	
Check No	3080	
Вуг	Ch	
	FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person

Date

John F. Güzzone, III



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02963-1335 461-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

I ID No	TYPED OR PRINTED IN BIACK)				<u>:</u>	
82391	2 Inact name of the limi	• •			• 1	
3 State of Format.	The Meadows Apart	ments, LLC	88 which is actually conducted in Rhode Island			
RHODE ISLA	,,		thess tronge is actually conducted in Rhodo Is	land		
5. Priveipal office				<del></del>		
50 Exchange Terrace, Suite 320			Cny	State	Zip	
. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND			Providence	RI	02903	
Contact Name	DIMESS OF TRAILED FIVE	ILITY COMPANY AND	•	RSON:		
Cheryl Cu	zzone		Contact Tile			
Street Address			Operating Manager			
50 Exchange	ge Terrace, Suite	320	Providence	State	Zip	
			LIABILITY COMPANY, IF APPLIC	RI	02903	
	FILL IN SI	PACES BEFORE USING	ATTACHMENTS ("X" BOX FOR A	ATTACHMENTI [	7	
	ANY MODIFICATIONS T	O MANAGERS REQUIR	ES FILING OF AMENDMENT, R.I.C	i.L. 7-16-12 (a) (	ا 2) / 7-16-52	
Manager Name						
Cheryl Cu	zzone		John F. Cuzzone, III			
Speci Addies	ge Terrace, Suite	200	Street Address			
20 EVELIGITÍ	ge Terrace, Sulte .	320	1580 Wampanoag Tra	ail		
		<del> </del>	Gui Fast Providence	State DT	//B201/	
Providence	<del></del>	<sup>z</sup> ő2903	East Providence	State RI	/ <sup>0</sup> 02014	
Providence	<del></del>	<del> </del>	East Providence  Manager Name	RI RI	Ö2014	
Providence	<del></del>	<del> </del>	East Providence	State RI	//o2014	
Providence	<del></del>	<del> </del>	East Providence	State RI	Ö2014	
Providence Manager Name Street Address	<del></del>	<del> </del>	East Providence	State State	02014	
Providence Manager Name Street Address	e <sup>State</sup>	<sup>∞</sup> 02903	East Providence  Manager Name  Street Address  Cuy	RI State	02014 	
Providence Manager Name Street Address 3.49	e <sup>State</sup>	<sup>∞</sup> 02903	East Providence  Manager Name  Street Addiess  Cuy  anges require filing of Form 642	RI State	02014 	
Providence Manager Name Street Address City 8. RESIDENT A	e <sup>State</sup>	<sup>∞</sup> 02903	East Providence  Manager Name  Street Address  Cuy	RI State	02014 	
Providence Manager Name Street Address On: B. RESIDENT Address	State  State  AGENT IN RHODE ISLAND	<sup>∞</sup> 02903	East Providence  Manager Name  Street Address  City  anges require filing of Form 642  Address	RI   State  - R.I.G.L. 7-16-1	02014 	
Providence Manager Name Street Address On:	State  State  AGENT IN RHODE ISLAND	<sup>∞</sup> 02903	East Providence  Manager Name  Street Addiess  Cuy  anges require filing of Form 642	RI    State   - R.1.G.L. 7-16-1	1 02014	
Providence Manager Name Street Address City  8. RESIDENT A Augun Name  PAUL PLOURDE	State  State  AGENT IN RHODE ISLAND	<sup>∞</sup> 02903	East Providence  Manager Name  Street Address  Cuy  anges require filing of Form 642  Address  PLOURDE, BOGUE, MCLAUGH	RI	1 02014	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date _ 10   S   04
Check No 2793
By
FOR SECRETARY OF STATE USE ONLY

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.

Chery L. Congase 9/27/04
Signature of Authorized Person Date

Cheryl Cuzzone, Operating Manager



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Duvision 100 North Main Street Providence, RI 02003-1335 401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2003

7 //D No <b>82391</b>	2 Exa.1 n	name of the limited hall Meadows Apartme					
State of Fermation RHODE ISLAND		4 Brief description of a REAL ESTATE	the character of the hasmess u	ubich is actually conducted in Royde Islan	nd		
5. Principal office address				Car	State	Zip	
50 Exchange 6. MAILING ADDRE	Terrac	ce, Suite 32 mited liability	10 Company and nam	Providence SE OR TITLE OF CONTACT PER	RI RI	02903	
Cheryl Cuzzo				Contact Tale Operating Manage			
50 Exchange	Terrac	ce, Suite 32	.0	Providence	State RI	02903	
		FILL IN SPACES	S BEFORE USING ATTA	BILITY COMPANY, IF APPLICA ACHMENTS ("X" BOX FOR A) ILING OF AMENDMENT, R.I.G.	TTACHMENT	) [] a) (2) / 7·16·52	
Manager Name Cheryl Cuzzo				XXXXXXXX Vice-Operating Manager John F. Cuzzone, III			
50 Exchange	Terrac	ce, Suite 32	.0	Street Address 1580 Wampanoag Trail			
Providence		State RI	<sup>Zip</sup> 02903	East Providence	State RI	02914	
Manager Name				Manago: Name			
Street Address				Street Address			
City	,	State	Zφ	Citr	State	Z#	
8. RESIDENT AGENT Agent Name	⊺IN RHO	DE ISLAND - DO	NOT ALTER - Change	s require filing of Form 642 -	R.I.G.L. 7-1	6-11	
PAUL PLOURDE, ESQ	1.			PLOURDE, BOGUE, MCLAUG	HLIN		
Address				Cap		Zq.	
50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE		02903		

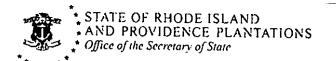
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66

* 8 2 3 9 1 *	
File Date 10 3 0 3	
Check No 2545	
By:	
FOR SECRETARY OF STATE USE ONLY	

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

Cherolt. Congre 9/30/03
Signature of Abahori, ed Person Date

Cheryl Cuzzone, Operating Manager



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Sept	ember 1 - Nov	ember 1 •	Filing Fee: \$50.00	one Reionii o	I IIIE I	DAN <u>4</u>	.002
(FORM MUST BE TYP	PED OR PRINTEI	D IN BLACK)	3				
I. ID No.	2. Small number of the limited habitity company					<del></del>	
82391							
3. State of Formation	4. Bric	of description of t	he character of the bus	iness which is actually conducted i	n Rhode Island		
RHODE ISLAND		L ESTATE					
5. Principal office addr	ress		<del></del> -	City	State		Zip
50 Exchange	Terrace,	Suite 320		Providence	RI		02903
6. MAILING ADD	RESS OF LIN	TITED LIAB	LITY COMPANY	AND NAME OR TITLE O	OF CONTACT F	PERSON:	
Contact Name				Contact Title			
Cheryl Cuzzo	one			· Operating Man	ager		
Street Address				City	State		Zip
50 Exchange	Terrace,	Suite 320		Providence	RI		02903
7. NAME AND ADD	PRESS OF EA	CH MANAGI	R OF THE LIMIT	TED LIABILITY COMPAN	Y. IF APPLICA	BLE	02703
	fili	L IN SPACES I	BEFORE USING AT	TACHMENTS ("X" BOX F	OR ATTACHMEN	$\eta\Box$	
	ANY MODIFIC	ATIONS TO MA	NAGERS REQUIRE	S FILING OF AMENDMENT. R.	I.G.L 7-16-12 (a) (	2) / 7-16-52	•
Manager Name				· Manager Name			
Cheryl Cuzzo	one			•			
Street Address	<u> </u>		<del></del>	*Street Address			
50 Exchange	Terrace, S	Suite 320		•			
50 Exchange	State		Zip	*City	State		Zip
. Providence	] !	RI	02903	•			'
Manager Name			, , , , , , , , , , , , , , , , , , , ,	Manager Name	••••••	• • • • •	
Street Address			<u> </u>	Street Address	<u> </u>	<u> </u>	
				•			
City	Siaic		Zip	.Ciņ	State		Zip
· ••••••••••••••••••••••••••••••••••••			<u>                                     </u>	•	İ		1
8. RESIDENT AGEN	IT IN RHODE	ISLAND -DO	VOT ALTER- Chan	ges require filing of For	m 642 - R.I.G.I.	7-16-11	·
Agent Name				Address	······		
PAUL PLOURDE, ESC	<b>)</b> .			PLOURDE, BOGUE, MCLAU	JGHLIN		
Address			<del>-</del>	City	·	Zip	<del></del>
50 EXCHANGE TERRA	50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE	02903		
			<del></del>			٠	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	11.7.02
Check No.	885
Ву;	a
FOR SECRETAR	Y OF STATE USE ONLY

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.

Cherel L. Congress 11/1/02
Signature of Authorized Person Daic

Cheryl Cuzzone, Operating Manager

### To be filed annually between September 1 and November 1

-€<u>-</u>}~

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040
LIMITED LIADILITY COMPANY

ID	Number DLLC 82391	Annual Report for the year 2001		
1.	The name of the limited liability compa	any is:		
	The Meadows Apartments, LLC			
2.	The address of the principal office of t	he limited liability company is:		
	50 Exchange Terrace, Suite	320, Providence, RI 02903		
3.	The state or other jurisdiction under the	ne state or other jurisdiction under the laws of which it is formed is RHODE ISLAND		
4.	The name and address of its resident	agent is: PAUL PLOURDE, ESQ.		
	PLOURDE, BOGUE, MCLAUGHLIN 5	50 EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903		
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications		
)		Suite 320, Providence, RI 02903		
6.		the business in which the limited liability company is actually engaged in this		
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company  Address		
	Cheryl Cuzzone	50 Exchange Terrace, Suite 320, Providence, RI 02903		
	Operating Manager			
		<u> </u>		
Da	ted 10/ 2 <b>5</b> 2001	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.  The Meadows Apartments, LLC  Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ONLY Date:  //- 7-0/ ck No.:	By Cheryl L. Currane Operating Manager  Tille Form No. 632 Revised 01/99		

By:

# To be filed annually between September 1 and November 1

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

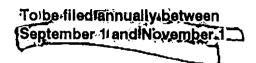
Number DLLC 82391	Annual Report for the year 2000
The name of the limited liability company i	is:
The Meadows Apartments, LLC	
The address of the principal office of the li 50 Exchange Terrace, 3rd Fl	
The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND
The name and address of its resident age	nt is: PAUL PLOURDE
Plourde, Bogue, McLaughlingMoyla	an, LLP. 50 Exchange Terrace, 3rd Floor, Providence, RI 02
	liability company and the name or title of a person to whom communications
may be directed are: Chery	l Cuzzone, Operating Manager
50 Exchange Terrace, 3rd F	Floor, Providence, RI 02903
A brief statement of the character of the	business in which the limited liability company is actually engaged in this
State: Real Estate  If the limited liability company has manage  Name	ers, the name and address of each manager of the limited liability company  Address
state: Real Estate  If the limited liability company has manage Name  Cheryl Cuzzone	ers, the name and address of each manager of the limited liability company
state: Real Estate  If the limited liability company has manage  Name	ers, the name and address of each manager of the limited liability company  Address
State: Real Estate  If the limited liability company has manage Name  Cheryl Cuzzone	ers, the name and address of each manager of the limited liability company  Address
State: Real Estate  If the limited liability company has manage Name  Cheryl Cuzzone  Operating Manager  ted ////////  8 2 3 9 1	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.  The Meadows Apartments, LLC
State: Real Estate  If the limited liability company has manage Name Cheryl Cuzzone Operating Manager	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.
Real Estate  If the limited liability company has manage Name  Cheryl Cuzzone  Operating Manager  ted ////////  B 2 3 9 1  FILED  FOR SECRETARY OF STATE USBURL Y2000	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.  The Meadows Apartments, LLC  Exact Name of Limited Liability Company
State: Real Estate  If the limited liability company has manage Name  Cheryl Cuzzone  Operating Manager  ted ////////  8 2 3 9 1	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.  The Meadows Apartments, LLC

# To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

ID	Number LL 82391	Annual Report for the year 1999		
	<u> </u>	Annual Report for the year 1999		
1.	The name of the limited liability comp	pany is:		
	The Meadows Apartments, LLC			
2.	The address of the principal office of	the limited liability company is:		
	One Citizens Pla	aza, Suite 830, Providence, RI 02903		
3.				
4.	The name and address of its residen			
		CITIZENS PLAZA, SUITE 830 PROVIDENCE, RI 02903		
5.		nited liability company and the name or title of a person to whom communications		
	may be directed are: <u>Cheryl Cur</u>			
	<u>One Citizens Plaza</u>	, Suite 830, Providence, RI 02903		
6.	A brief statement of the character of	f the business in which the limited liability company is actually engaged in this		
	state: Real Estate			
7	If the limited liability company has ma Name	magers, the name and address of each manager of the limited liability company  Address		
	Cheryl Cuzzone	One Citizens Plaza, Suite 830, Providence, RI 02903		
	Operating Manager			
	John F. Cuzzone III	One Citizens Plaza, Suite 830, Providence, RI 0290		
Vice	- Operating Manager			
Dat	ted	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.		
	<b>                                    </b>	The Meadows Apartments, LLC Exact Name of Limited Liability Company		
	FOR SECRETARY OF STATE USE ONLY Date: 10-8-99	By Cheyl L. Commone		
		Operating Manager		
	ck No.: 1332	Title		
By:	MIL'	Form No. 632 Revised 01/99		





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401):222-3040

ID	Number <u>LL 82391</u>	Annual Report for the year 1998				
The name of the limited liability company is:						
	The Meadows Apartments, LLC					
2.	The address of the principal office of the	limited liability company is:				
	One Citizens Plaza, Suite 830	Providence RI 02903				
3.	, , , , , , , , , , , , , , , , , , ,					
4.	The name and address of its resident ag					
	PLOURDE & LEONARD, LTD. ONE CITIZENS PLAZA, SUITE 830 PROVIDENCE, RI 02903					
5.	-					
J.	The current mailing address of the limited liability company and the name or title of a person to whom					
	communications may be directed are: Cheryl Cuzzone, Operating Manager					
		One Citizens Plaza, Suite 830, Providence, RI 02903				
<ol> <li>7.</li> </ol>	state: Real Estate  If the limited liability company has mana	gers, the name and address of each manager of the limited liability company				
	Name	Address				
	Cheryl Cuzzone	One Citizens Plaza, Suite 830, Providence, RI 02903				
	Operating Manager John F. Cuzzone III	One Citizene Plane Cuita 020 P				
	Vice-Operating Manager	One Citizens Plaza, Suite 830, Providence, RT 02903				
Dat	, , l x	Under penalty of perjury, I declare and affirm that I have examined this				
	* 8 2 3 9 1 *	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  The Meadows Apartments, LLC  Exact Name of Limited Liability Company				
File	POR SECRETARY OF STATE USE ONLY Date: ///5/9 V	By Cherry L. Currone				
Obe By:	ck No.: 10 48	Operating Manager Title				
		Form No. 11 C-19				

To be filed annually between September 1 and November 1



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

ID	Number 0082	391 <u> </u>	Annual Report for the year	1997				
1.		limited liability company						
	The Meado	ws Apartments, L	LC					
	2. The address of the principal office of the limited liability company is:  One Citizens Plaza, Suite 830, Providence, RI 02903							
3.	Ohada Taland							
4.	The name and a	ddress of its resident age	nt is: Paul Plourde					
		<del>,</del>	Onc Citizens Plaza, Suite 830, Providence RI	02903				
5.	The current ma	iling address of the lir	nited liability company and the name or title of a pe	rson to whom				
	communications	may be directed are:(	heryl Cuzzone, Operating Manager					
		One Cit	izens Plaza, Suite 830, Providence, RI 02903					
<ul> <li>6. A brief statement of the character of the business in which the limited liability company is actually enga state: Real Estate</li> <li>7. If the limited liability company has managers, the name and address of each manager of the limit</li> </ul>								
	company N	ame	Address					
C	heryl Cuzzone		One Citizens Plaza, Suite 830, Providence	c, RI 02903				
C	perating Mana	ger						
	ohn F. Cuzzon ce Operating	e <u>III</u> Manager	One Citizens Plaza, Suite 830, Providence	, RI 02903				
Dat	ed	<u>/3</u> . 19 97	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and st that all statements contained herein are true and correct.					
NOV 0 6 1997 DALL SECTY OF STATE			The Meadows Apartments, LLC Exact Name of Limited Liability Company					
		Y OF STATE	By Chayl & Caygone					
			Operating Manager					
			Title					

To be filed annually between September 1 and November 1

# State of Rhode Island and Providence Plantations

Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

## LIMITED LIABILITY COMPANY

LLC I.D.# 82391

Annual Report for the year 1996

FIRST:	The name of the limited liabil	ity company is: The Meadows Apartments, LLC			
SECOND:	: The address of the principal office of the limited liability company is:				
	c/o Plourde & Leonar	d, Ltd. One Citizens Plaza, Suite 830, Providence, Rhode Island			
THIRD:	02903 The state or other jurisdiction under the laws of which it is formed is: <b>Rhode Island</b>				
FOURTH:	The name and address of its Paul Plourde	resident agent is:			
		uite 830, Providence, Rhode Island 02903			
FIFTH:	H: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:  Cheryl Cuzzone, Operating Manager				
	One Citizens Plaza, Suite 830, Providence, Rhode Island 02903				
SIXTH:	A brief statement of the cha	racter of the business in which the corporation is actually engaged in this state:			
Dated		The Meadows Apartments, LLC  Exact Name of Limited Liability Company			
File Date:	9/19				
Check No:	o: 373 By Cheryl L. Ciny gone				
By:	UD	*To be signed in the manner required by the home state.			
For Secr	etary of State Use Only	Title Operating Manager			

#### State of Rhode Island and Providence Plantations Office of the Secretary of State **Corporation Division** 100 North Main Street Providence, RI 02903-1335

### LIMITED LIABILITY COMPANY

LLC I.D. #	0082391 Annual Report fo	or the year	1995
FIRST:	: The name of the limited liability company is:  The Meadows Apartments, LLC		
SECOND:	: The address of the principal office of the limited liability company is:		
	c/o Plourde & Leonard, Ltc.	************************	••••••
	One Citizens Plaza, Suite 830, Providence, Rhode Isla	and 02903	••••
THIRD:	The state or other jurisdiction under the laws of which it is formed is:		
	Rhode Island	•••••	
FOURTH:	: The name and address of its resident agent is: Paul Plourde		
	One Citizens Plaza, Suite 830, Providence, Rhode Isla	and 02903	
FIFTH:	l: The current mailing address of the limited liability company and the name communications may be directed are:  Chery I Cuzzone, Vice Operating Manager	·	
	One Citizens Plaza, Suite 830, Providence, Rhode Isla		
SIXTH:	A brief statement of the character of the business in which the corporatio state:     Real estate		
Dated	7/15 19 95 The Meadows Apartments, LLC Exact Name of Limited L	iability Compan	y
	By Cheryl L. Cry	gno.	
*To be signed in	TitleVice Operating Mana  fin the manner required by the home state.		14 14
FORM LLC-19 7/95	5 <b>B</b> :	John John Mills	