Annual Report for the year: 2021
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.

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1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
487138	Park A	Park Avenue RIH, LLC					
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
531110	Low inco	Low income elderly housing rental					
5. State of Formation		•					
Rhode Island							
6. Principal Office Address			City	State	Zip		
30 Exchange Terrace - 2nd Floor			Providence	RI	02903		
7 Mailing Address of Limite	d Liability Compa	iny and Name o			· · · · · · · · · · · · · · · · · · ·		
Contact Name Michael Hennessey			Contact Title Member				
Street Address c/o 223 Rumstick Road			City Barrington	State RI	<sup>Zip</sup> 02806		
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<u>-</u>				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island. This infor	nation is currently	of record with the Department of Sta	ite. Changes require fili	ng Form 642		
Under penalty of perjury, statements, and that all s	l declare and af	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyir	ng schedules and		
Name of Authorized Person				Date			
William R. Landry				11/1/21			
Signature of Authorized Pe	rson						
will	1	SIGI	N DOCUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov