RI SOS Filing Number: 202104613410 Date: 11/2/2021 4:00:00 PM

| | State of Rhode Island and Providence Plantations | | | | | |
|--|--|--|--|--|--|--|
| | State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | | | |

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.

| F : 5 |
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| NOV 0 2 2021 BY |
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| 1. Entity ID Number 487139 | 2. Exact name of the Limited Liability Company Metcalf Courts II RIH, LLC | | | | | |
|---|--|-----------------------|--------------------------------------|---------------------------|------------------------|--|
| 3. NAICS Code 531110 | Brief description of the character of business conducted in Rhode Island Low income elderly housing rental | | | | | |
| 5. State of Formation Rhode Island | | | | | | |
| 6. Principal Office Address 30 Exchange Terrace - 2nd | Floor | | City Providence | State RI | Zip 02903 | |
| 7. Mailing Address of Limited Lia | ibility Compa | ny and Name or | Title of Contact Person | | | |
| Contact Name Michael Hennes | sey | | Conlact Title Member | Contact Title Member | | |
| Street Address c/o 223 Rumstick Road | | | City Barrington | State RI | ^{Zip} 02806 | |
| 8. List ALL managers (names a | nd addresses | s) of the Limited L | iability Company, IF APPLICAE | BLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zıp | City | State | Zıp | |
| Manager Name | | 1 | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode Isla | nd, This inforr | nation is currently o | of record with the Department of Sta | ite. Changes require fili | ng Form 642. | |
| Under penalty of perjury, I destatements, and that all states | clare and aff | irm that I have e | examined this report, includin | | | |
| Name of Authorized Person | Date | 1 | | | | |
| William R. Landry | 11/11 | 121 | | | | |
| Signature of Authorized Person | 7 | SIGN | 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