RI SOS Filing Number: 202334247740 Date: 4/25/2023 4:00:00 PM

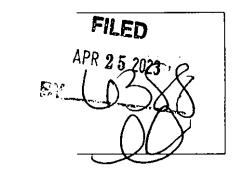


State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 Limited Liability Company

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limi	2. Exact name of the Limited Liability Company			
000505488	TCF HTC Fund of MA, LLC 4. Brief description of the character of business conducted in Rhode Island Tax Credit Syndication				
3. NAICS Code					
541219					
5 State of Formation	-				
RI					
6. Principal Office Address	<u> </u>	City	State	Zip	
385 South Main St, Lower		Providence	RI	02903	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name		Contact Title Member			
Street Address 385 S Main Street, Lower		City Providence	State RI	Zip 02903	
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is accu	urate. Changes requir	e filing Form 642.	
	l declare and affirm that I have tatements contained herein ar	e examined this report, includir re true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person			Date		
Anthony Gudas		4/24/23			
Signature of Authorized Per	pon)		•		

MAIL TO:

Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615

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