

State of Rhode Island **Department of State - Business Services Division**

2023

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Annual Report for the year: **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 Limited Liability Company				
001745163	TVM Owner, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Real estate acquisition, ownership, operation, improvement and				
531390					
5. State of Formation		preservation of affordable housing properties located in Lincoln (Village of			
Rhode Island		Manville), Rhode Island			
6. Principal Office Address		City	State	Zip	
235 Bear Hill Road, Suite 400		Waltham	MA	02451	
7. Mailing Address of Limi	ted Liability Company and Name or	Title of Contact Person	<u>-</u>		
Contact Name Roberto Arista		Contact Title Manager			
Street Address 235 Bear Hill Road, Suite 400		City Waltham	State MA	^{Zip} 02451	
B. The Resident Agent info	ormation currently of record with the	RI Department of State is accu	rate. Changes require	filing Form 642.	
9. Under penalty of perjustatements, and that all	ury, I declare and affirm that I hav	e examined this report, include	ding any accompany	ing schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Person			Date		
Roberto Arista			12/13/2023		
Signature of Authorized P	Jelly				

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MAIL TO:

Division of Business Services

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