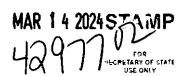


Annual Report for the year: 2024 **Limited Liability Company** 

→ Filing period: February 1 - May 1

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



Exact name of the Limited Liability Company     Metcalf Courts II RIH, LLC				
· ·	Brief description of the character of business conducted in Rhode Island     Low income elderly housing rental			
	City	State	Zıp	
et, Ste 9-100 Providence		RI	02903	
Liability Company and Name	or Title of Contact Person			
Contact Name Michael Hennessey		Contact Title Member		
mstick Road	City Barrington	State RI	<sup>Zıp</sup> 02806	
nation currently of record with	the RI Department of State is accur	rate. Changes requir	e filing Form 642.	
		g any accompanyin	g schedules and	
		Date		
andry		3/11/24		
	Metcalf Courts  4. Brief description of the Low income elder  eet, Ste 9-100  Liability Company and Name nnessey  mstick Road  nation currently of record with declare and affirm that I had	Metcalf Courts II RIH, LLC  4. Brief description of the character of business conducted in Low income elderly housing rental  City Providence  Liability Company and Name or Title of Contact Person  Contact Title Member  City Barrington  City Barrington	Metcalf Courts II RIH, LLC  4. Brief description of the character of business conducted in Rhode Island Low income elderly housing rental  City Providence RI  Liability Company and Name or Title of Contact Person  Contact Title Member  City Barrington  State RI  Pation currently of record with the RI Department of State is accurate. Changes required declare and affirm that I have examined this report, including any accompanying terments contained herein are true and correct.	

MAIL TO:

**Division of Business Services** 

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

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