



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

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

MAR 14 2024  
 42977 *DL*

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

|   |  |   |                        |                     |
|---|--|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>4057144</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Indian Run Village RIH, LLC</b>                                    |                        |                     |
| 3. NAICS Code<br><b>531110</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Low income elderly housing rental</b> |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |  |   |                        |                     |
| 6. Principal Office Address<br><b>c/o 500 Exchange Street, Ste 9-100</b>  |  | City<br><b>Providence</b>   | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                        |                     |
| Contact Name<br><b>Michael Hennessey</b>  |  | Contact Title<br><b>Member</b>  |                        |                     |
| Street Address<br><b>c/o 223 Rumstick Road</b>  |  | City<br><b>Barrington</b>   | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642  |  |   |                        |                     |
| <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> |  |   |                        |                     |
| Name of Authorized Person<br><b>William R. Landry</b>   |  |   | Date<br><b>3/14/24</b> |                     |
| Signature of Authorized Person<br><i>William R. Landry</i>  |  |   |                        |                     |

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)