

Annual Report for the year: 2024 Partnership (LP, LLP, LLLP)

→ Filing period: February 1 - May 1

→ Filing Fee. \$50.00

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\rightarrow	Penalty:	Additional \$	25.00 fee if	form is not	filed by N	May 31
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Entity ID Number	2. Exact Name	of the Partnership						
000116658	Subsidized Properties IV, L.P.							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
531390								
5. State of Formation	Ownership and development of real estate							
RI								
6. Principal Office Address	<u>-</u>		City	State	Zip			
1414 Atwood Avenue			Johnston	RI	02919			
7. The name and business add LP and LLLP only: an amendment				mestic) or Form 35	1 (foreign).			
PARTNER		BUSINESS ADDRESS						
Amalgamated Fin Devel	opment XV	1414 Atwood Avenue, Johnston RI 02919						
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8. Under penalty of perjury, I de and correct.	eclare and affirm i	that I have exam	ined this report, and that all sta	itements containe	d herein are true			
Name of General Partner or A		Date						
Kelly Coates CEO/Autho	orized Partner	Amalgamate	d Fin Development XV	04/19/2024				
Signature of General Partner	or Authorized Re	epresentati <u>ve</u>	Zh					

MAIL TO:

Division of Business Services

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

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

