| | State of Rhode Island Office of the Secretary of State | Fee: \$50.00 | | |
|--|---|-------------------------------|--|--|
| | Division Of Business Services | | | |
| | 148 W. River Street Providence RI 02904-2615 | | | |
| 1636 | (401) 222-3040 | | | |
| Limited Partnership | | | | |
| Annual Report Filing Period: February 1 - May | y 1 | | | |
| In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to | | | | |
| file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00. | | | | |
| | | | | |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025 : <u>2025</u> | | | | |
| 1. ID No. <u>000120893</u> | | | | |
| 2. Exact Name of the Partnership Lockwood Community Winn Limited Partnership | | | | |
| 3. State of Formation | | | | |
| State: <u>MA</u> | | | | |
| NAICS CODE | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | |
| <u>531110</u> | | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | | |
| | | | | |
| TO ACQUIRE, OWN, DEVELOP, CONSTRUCT, MANAGE, OPERATE, MAINTAIN, | | | | |
| <u>REHABILIATE,</u> REPAIR, IMPROVE, SERVICE, FINANCE, LEASE, SELL, DISPOSE OF AND OTHERWISE | | | | |
| DEAL | ICE, FINANCE, LEASE, SELL, DISPOSE OF ANI | <u>JOTHERWISE</u> | | |
| | ERTY KNOWN AS LOCKWOOD PLAZA APAR | TMENTS. | | |
| 5. Principal Office Address | | | | |
| No. and Street: ONE WASHINGTON MALL, SUITE 500 | | | | |
| | <u>COMPANIES</u> State: M A Zin: 021 | 08 Counterry LICA | | |
| City or Town: <u>BOSTON</u> | State: <u>MA</u> Zip: <u>021</u> | <u>oo</u> country: <u>USA</u> | | |
| 6. The name and business address of each general partner is: An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign) | | | | |

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|--|--|
| NONE GIVEN - P | LOCKWOOD COMMUNITY WINN LLC | ONE WASHINGTON MALL, SUITE 500 BOSTON, MA 02108 USA |

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1.

Signed this 24 Day of April, 2025 at 1:08:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By LOCKWOOD COMMUNITY WINN LLC

Signature of Authorized Person

Form No. 643 Revised 10/23

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