

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

122066	ł .	2. Exact name of the limited liability company Briarbrook Lane, LLC						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Acquire	LP interests, con	duct all activities related	ct all activities related, necessary or incidental thereto.				
5. Principal office address 5 Cathedral Square			City Providence	State RI	Zip 02903			
6. MAILING ADDRESS (F LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:				
Contact Name Robert R. Gaudreau, Jr.			Contact Title					
Street Address 5 Cathedral Square			City Providence	State RI	Zip 02903			
7. LIST <u>ALL</u> MANAGER: ("X" BOX FOR ATTAC		PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS			
Manager Name Affordable Housing Strategies, Inc.			Manager Name					
Street Address 5 Cathedral Square			Street Address	Street Address				
City Providence	State RI	Zip 02903	City	State	Zip			
Manager Name			Manager Name					
Street Address		Street Address						
City	State	Zip	City	State	Zip 🚉			
8. RESIDENT AGENT IN	RHODE ISLAND	I	I	I	M	10		
This information is curre	ently of record in the	Office of the Secret	ary of State. Changes require t	iling Form 642.				
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BY On 231939
File Date
Check No 3805
Ву:
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Revis	ed:	01/201	2

Under penalty of perjury, I deck this report, including any accor and that all statements contain	mpanying sched	ules and	ł statem		٠,
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Signature of Authorized Person			Date	7	7
Robert R. Gaudreau, Jr.	President	of.			
Print or Type Name of Authorized	Person				_