

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

1. ID No.		or a permitty fee of \$25.00.						
	l	name of the limited liability company						
132179	ASIV K	ealty, LLC						
3. State of Formation 4. Brief description of the character of the business which				ch is actually conducted in Rhode Islan	d			
RHODE ISLAND REAL ESTATE								
5. Principal office address				City	State		Zip	
4019 Quaker Lane				North Kingstown		RI	02852	
and the second s			OMPANY AND NAME	OR TITLE OF CONTACT PER			[.d).(
Contact Name Michael S. Bestwick				Contact Title Member				
Street Address 9 Quaker Lane				City	State		Zip	
				North Kingstow	n RI		^{Ζiρ} 02852	
T NAME AND ADDR	IREE NE						l desire a la company de la co	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE . BY NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X 602 FOR ATTACHMENT)								
Manager Name				Manager Name				
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Street Address				Street Address				
				Sireei Auuress				
City State Zip				City State Zit				
, and the second		Share	Σψ	Guy	State		Zip	
Manager Name								
manager rame				Manager Name				
Street Address				Street Address				
Section Than 63				sirea naares				
City		State	Zip	City	State		7/2	
		5,000	<i>Σ.</i> μν	- Chy	June		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes			require filling of Form 642 - R.J.G.L. 7-16-11					
Agent Name				Address				
GELFUSO AND LACHUT, INC.								
Address				City Zip		Zip		
1193 RESERVOIR AVENUE				CRANSTON		02920-		
				L		L		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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FOR SECRETARY OF STATE USE	CMLX

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.

Signature of Authorized Person

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MICHAEL S. BESTWICK

Print or Type Name of Authorized Person