

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 2008

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.		wapenary fee of \$25.00.						
111130	1	name of the limited liability company						
	Aston	on Properties, Ltd., LLC						
3. State of Formation 4. Brief description of the character of the business u			pich is actually conducted in Rhode Island					
Rhode Island to own and lease real property								
5. Principal office address				City	State	Zip		
1 Ocean Heights Rd.				Newport	RI	_	840	
6. MAILING ADDRES	SS OF L	MITED LIABILITY	COMPANY AND NAMI		ACT PERSON:	102	040	
Contact Name				Contact Title				
J. William Crisp				Member				
Street Address				City	State	Zip		
1 Ocean Heights Rd.				Newport	RI	i -	840	
7. NAME AND ADDR	ESS OF	FACH MANAGER	OF THE LIMITED TIAD	TETTE COMMANDE OF		;		
		FILL IN SPAC	OF THE LIMITED LIAB ES BEFORE USING ATT	ACHMENTS ("X" BO	APPLICABLE - DO [X FOR ATTACHMENT)	OT LIST ME	<u>MBERS</u>	
Manager Name				· •				
••				Manager Name				
Street Address								
CONTRACTOR AND				Street Address				
City		State	Zip					
·		Suite	z_{ψ}	City	State	Zip		
Manager Name		• • • • • • • • • • • • • • • • • • • •					**************	
Juniunger France				Manager Name				
Street Address					······································			
OF AUGUS COS				Street Address				
City		State	Zip					
,	İ	Ottobe	7.4p	City	State	Zip		
8. RESIDENT AGENT	IN RHO	DE ISLAND - DO	i NOT ALTER - Changes	require filing of For	 tm 643 BICI = 1	(44	İ	
Agent Name			The Changes	Address	rm 042 - K.I.G.L. /-1	0-11	ı	
Thomas B. Orr, Esq.								
Address				City	· ·			
55 Memorial Blvd.				1 "				
30 Memorial DIVQ.				Newport	vport 02840			

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

111130

File Date	FILED
Check No.	SEP 1 7 2008
Ву:	By 10647
FOR	SECRETARY OF STATE USE ONLY

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

Date

J. William Crisp, Member

Print or Type Name of Authorized Person