



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2009**

**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. 139519		2. Exact name of the limited liability company A.S.N. REALTY L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP AND MANAGEMENT			
5. Principal office address P.O. Box 531		City West Kingston	State RI	Zip 02892	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William Smith		Contact Title MANAGER			
Street Address P.O. Box 531		City West Kingston	State RI	Zip 02892	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name William Smith		Manager Name			
Street Address P.O. Box 531		Street Address			
City West Kingston	State RI	Zip 02892	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DENNIS R. GANNON		Address 1140 RESERVOIR AVENUE, SUITE 3A			
Address		City CRANSTON	Zip 02920		

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

139519

File Date	9-17-09
Check No.	1255
By:	MNC
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.

*William Smith* 9/2/09  
Signature of Authorized Person Date

William Smith

Print or Type Name of Authorized Person