

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\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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.<br>145326                       |                              | s Asbel, Architect, LLC              |   |   |              |  |
|---|------------------------------|--------------------------------------|---|---|--------------|--|
| 3. State of Formation Rhode Island        | The state of the custom      |                                      |   | Rbode Island                                    |              |  |
| 5. Principal office address 446 Broadway  |                              |                                      | City<br>Newport                                     | State<br>RI                                     | Zip<br>02840 |  |
| 6. MAILING ADDRE Contact Name James Asbel | SS OF LIMITED LIAB           | ILITY COMPANY AN                     | D NAME OR TITLE OF CONTA                            | ACT PERSON:                                     | ı            |  |
| Street Address<br>446 Broadway            |                              |                                      | City<br>Newport                                     | State<br>RI                                     | Zip<br>02840 |  |
| 7. NAME AND ADDI                          | RESS OF EACH MANA<br>FILL IN | GER OF THE LIMIT<br>SPACES BEFORE US | ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BOX | APPLICABLE - <u>DO NOT</u><br>K FOR ATTACHMENT) |              |  |
| Manager Name                              |                              |                                      | Manager Name  | Manager Name                                    |              |  |
| Street Address                            |                              |                                      | Street Address                                      | Street Address                                  |              |  |
| City                                      | State                        | Zip                                  | City  | State   | Zip          |  |
| Manager Name                              |                              |                                      | Manager Name  | Manager Name                                    |              |  |
| Street Address                            |                              |                                      | Street Address                                      | Street Address                                  |              |  |
| City                                      | State                        | Zip                                  | City  | State   | Zip          |  |
|   | rently of record in the      | I<br>Office of the Secretary         | of State. Changes require filing                    | <br>of Form 642 - R.I.G.L. 7-1                  | 6-11         |  |

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

145326

| ···       | FILED                      |  |  |  |
|-----------|----------------------------|--|--|--|
| File Date |                            |  |  |  |
| Check No. | OCT 3 0 2009               |  |  |  |
| Ву:       | By_8036                    |  |  |  |
| FOR SI    | ECRETARY 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

10/28/09

James Asbel

Print or Type Name of Authorized Person