



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 2010**

**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><b>93287</b>   |                    | 2. Exact name of the limited liability company<br><b>ASC Realty Co., LLC</b>  |                    |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>OWN, LEASE, AND DEVELOP REAL ESTATE</b> |                    |                     |     |
| 5. Principal office address<br><b>ONE WASHINGTON STREET</b>   |                    | City<br><b>NEWPORT</b>  | State<br><b>RI</b> | Zip<br><b>02840</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |   |                    |                     |     |
| Contact Name<br><b>CHARLES DANA</b>   |                    | Contact Title<br><b>MANAGER</b>   |                    |                     |     |
| Street Address<br><b>ONE WASHINGTON STREET</b>  |                    | City<br><b>NEWPORT</b>  | State<br><b>RI</b> | Zip<br><b>02840</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |                    |                     |     |
| Manager Name<br><b>CHARLES DANA</b>   |                    | Manager Name  |                    |                     |     |
| Street Address<br><b>ONE WASHINGTON STREET</b>  |                    | Street Address  |                    |                     |     |
| City<br><b>NEWPORT</b>  | State<br><b>RI</b> | Zip<br><b>02840</b>   | City               | State               | Zip |
| Manager Name  |                    | Manager Name  |                    |                     |     |
| Street Address  |                    | Street Address  |                    |                     |     |
| City  | State              | Zip   | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND   |                    |   |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11  |                    |   |                    |                     |     |

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

**93287**

**FILED**

File Date NOV 22 2010  
 Check No. \_\_\_\_\_  
 By: [Signature]  
10932  
 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] 9/20/10  
 Signature of Authorized Person Date  
**CHARLES DANA**  
 Print or Type Name of Authorized Person