RI SOS Filing Number: 201176111600 Date: 02/28/2011 4:00 PM

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* *In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
110022	ASHTON INC			
3. Street Address Principal Business Office		City	State	Zip
95 ANGELL RD		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			
401-333-5606	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
MFG. OPTICAL CASES

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
CHRISTOPHER ELLIOTT	
Street Address: 95 ANGELL RD	Street Address:
City: CUMB. State: RI Zip: 02864	City: State: Zip:
Secretary Name	Treasurer Name
	DEBBIE ELLIOTT
Street Address:	Street Address: SAME
City: State: Zip:	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
1000	ISSUED SHARES — THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
NONE	COMMON	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

FILED
File Date: FEB 28 2011
Check No.: 4642
By: MNC
FOR SECRETARY OF STATE USE ONLY
59715-19-603971

[redacted]

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 — Date: 2-22-2011

CHRISTOPHER ELLIOTT
Print or Type Name

[redacted]

PRES.
Title

Form 630 Rev. 08/08