



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 02901-2015
(401) 222-3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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. 165319		2. Exact name of the limited liability company ASPEN ISLAND PLACE, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Buy, Sell, Lease, Manage, Etc. Real Estate and any other legal purpose			
5. Principal office address 100 Riverpark Drive		City North Reading	State MA	Zip 01864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Brian Kelleher			Contact Title Member		
Street Address 5 Pheasant Hill Road		City Norfolk	State MA	Zip 01845	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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					

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 DEC 23 AM 10:30

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

165319

FILED

File Date	DEC 23 2011
Check No.	
By:	BY <u>159291 10:30</u>
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

3/3/11

BRIAN J. KELLEHER, MEMBER

Print or Type Name of Authorized Person