



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

A. Ralph Mollis, Secretary of State  
101 W. River Street  
Providence, RI 02904-2015  
(401) 222-3010

# 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. 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 - <b>DO NOT LIST MEMBERS</b> 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					

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

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</u> 10:30
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.

Brian J. Kelleher 3/31/11  
Signature of Authorized Person Date  
BRIAN J. KELLEHER, MEMBER  
Print or Type Name of Authorized Person