



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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. 144731		2. Exact name of the limited liability company ASHTON MILLBROOK, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL RENTAL PROPERTY			
5. Principal office address 3 MILLBROOK AVENUE		City WALPOLE	State MA	Zip 02081	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RUSSELL MINKWITZ			Contact Title MANAGER		
Street Address 3 MILLBROOK AVENUE		City WALPOLE	State MA	Zip 02081	
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 RUSSELL MINKWITZ			Manager Name		
Street Address 3 MILLBROOK AVENUE		Street Address			
City WALPOLE	State MA	Zip 02081	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).

FILED

SEP 19 2012

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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

RUSSELL MINKWITZ

Print or Type Name of Authorized Person

File Date	
Check No.	BY
By	
FOR SECRETARY OF STATE USE ONLY	