

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2013

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	1	or the limited liability of				
109237	Asiav	Asian properties, LLC				
3. State of Formation	4. Brief descri	ption of the character of	f business conducted in Rhode Island			
Rhode Island	Prope	rty rental				
5. Principal office address . 243 Reservoir	AUL.		Providence	State RI	Zip 87909	
6. MAILING ADDRESS OF LIMI	TED LIABILITY	COMPANY AND NAME		ISON:		
Contact Name SUJANNA SAN	nbour		Contact Title			
Street Address 18 Highwood			Crawston	State K I	2ip 02920	
7. LIST ALL MANAGERS (NAN ("X" BOX FOR ATTACHMEN		ESSES) OF THE LIMIT	ED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name Sovanna Sam	Manager Name Sovanna Sambour		Manager Name			
Ctroot Address			Street Address			
18 Highwood City Crawston	State	02920	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHOD						
This information is currently o	f record in the	Office of the Secretary	of State. Changes require fili	ng Form 642.	****	

	FILED	this report, including any accompanying sched	der penalty of perjury, I declare and affirm that I have examined s report, including any accompanying schedules and statements,		
File Date	SEP 1 6 2013	and that all statements dontained herein are tri	ue and correct. 9/14/13		
Ву:	37/	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE LISE ONLY		70 - 11 201110011			

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