

## 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 2014

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. 1111130	2. Exact name of the limited liability company Aston Properties, Ltd., LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island     to own and lease real property				
5. Principal office address 1 Ocean Heights Road			City Newport	State <b>RI</b>	Zip <b>02840</b>
6. MAILING ADDRESS OF Contact Name J. William Crisp	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title  Member	PERSON:	
Street Address 1 Ocean Heights Road			City Newport	State RI	Zip <b>02840</b>
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS
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 I			A Charles Charles require	ro filing Form 642	
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes requi	re ming rotin 642.	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement				
ile Date	and that all statements/contained herein are true and correct.				
heck No	JUML 1 3 Sept 5 2014				
iv:	Signature of Authorized Person Date				
	J. William Crisp, Member				
OR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person				

Form No. 632 Revised: 01/2012