

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. 592786		2. Exact name of the limited liability company Ascension Properties & Development, LLC									
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate development									
5. Principal office addres	ss n Road, Suite 115		City Bristol	State RI	Zip 02809						
	OF LEMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:							
Contact Name Eric Sweeney			Contact Title Member	Contact Title Member							
Street Address 11 Broadcommon Road, Suite 115			City Bristol	State RI	Zip 02809						
7. LIST ALL MANAGE ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT) 🔲	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>Do</u>	NOT LIST MEM	BERS					
Manager Name			Manager Name	Manager Name							
Street Address			Street Address	Street Address							
City	State	Zip	City	State	Zip						
Manager Name			Manager Name	Manager Name							
Street Address			Street Address	Street Address 2							
City	State	Zip	City	State	Zip	5 3					
8. RESIDENT AGENT I		(ii) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				• ‡-					
This information is cu	rrently of record in th	e Office of the Sec	retary of State, Changes requ	ire filing Form 642.		골 종 ,					
		FILE	D			2: I:					
		DEC 08	2014			2					
	E	381	19-								
		H.H	1								

34.	Lek	রা ঔর		()	ST 354	1			34	ે છે.	100	y (20)	0	2.5	97
	ملاة	D	10		Gody								Sheet of	160	
			1	100		903	260		å,	(P.W	18	100			
	Chri	z k	No	100	100		2.1	(A)	5.0 m			i News			
					÷1,		Š.	Ž.				2.5			Ç,
1	By:		1,113	A.				50		41.4	, A.A.	1.60	132	N.	
		0.1			4	60	Ċ.	20	Ğ.	0.9			or And	3.	Ç.
3-2	FO	R S	EC	RE	TA	RY	O	F S	TA	TE	US	EŁ	W	Y	s. Ja
					ŤŅ.			98					18	Ę.	75 4

Form No. 632 Revised: 01/2012 Under penalty of <u>Berjury</u>, I declare and affirm that I have examined this repeat including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Print or Type Name of Authorized Person