

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

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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.

Entity ID No.	2. Exact nar	2. Exact name of the limited liability company					
125470	Asaro O	ffshore, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island		Property Holding and Management					
5. Principal office address 141 County Road			City Barrington	State RI	Zip 02806		
C MAILNE ADDRESS O	FEMITEG LABILE	Y COMPANY AND N	MESKITE GOVALLE	ERSON:			
Contact Name Matthew R. Asaro		Contact Title Manager					
Street Address 141 County Road			City Barrington	State RI	Zip 02806		
/ LD LL MANAGERS	MENT	HESSES) OF THE LI	MITED LABILITY COMPANY I	APPLICABLE - DO			
Manager Name Matthew R. Asaro			Manager Name				
Street Address 141 County Road			Street Address				
City Barrington	State RI	Zip 02806	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
n is department	HOBE SCAND				 		
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require f	iling Form 642.	The state of the s		

FILED

File Date BY	MAY 1 8 2015 Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule and that all statements contained herein are true a	s and statements,
Sycanian Philippi (Street Later Philippi)	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012