State of Rhode Island and Providence Plantations Fee: Office of the Secretary of State				
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
HOPE	(401) 22	2-3040		
Limited Liability C	ompany			
Annual Report				
Filing Period: Septemb	er 1 - November 1			
	G.L. 7-16-66(d), each limited liability			
	within thirty (30) days after the time to a penalty fee of \$25.00.	prescribed by law (R.I.G.L.	7-	
ro-oo(b&c)) is subject i	to a penalty lee of \$25.00.			
ANNUAL REPORT YE	AR: <u>2016</u>			
1. ID No. <u>000504</u>	4869			
2. Exact Name of the Limited Liability Company Ashborn Investments, LLC				
3. State of Formatio	'n			
State: <u>RI</u>				
	ARTICLE			
	ARTICLE	- 111		
Using the following NA	AICS codes, please select the code	that best describes your but	siness.	
			í	
NAICS Code		6	<u>81</u>	
4. Brief Description of	of the Character of the Business V	Which is Actually Conduct	ed in Rhode Island	
		, , , , , , , , , , , , , , , , , , , ,		
INIVESTMENT MA	NACEMENT			
INVESTMENT MA	<u>INAGEMENT</u>			
5. Principal Office Ad	ddress			
No. and Street:	2 ALTIERI WAY			
City or Town:		e: RI Zip: 02886	Country: <u>USA</u>	
		<u>02000</u>	<u>eeanaj:</u>	
6. Mailing Address o	of Limited Liability Company and	Name or Title of Contact I	Person:	
Contact Name: KEV	IN B. MURPHY Contact Title: MA	NAGER		
No. and Street:	2 ALTIERI WAY			
City or Town:	WARWICK State:	<u>RI</u> Zip: <u>02886</u>	Country: <u>USA</u>	
7 Nome and Address	a of Each Monoyay of the Livelie	l liability Company if Au	nliachla	
DO NOT LIST MEN	s of Each Manager of the Limited IBERS	а спаршту Company, If Ар	рисаріе.	
Title	Individual Name	Ad	dress	
	First, Middle, Last, Suffix		State, Zip Code, Country	
MANAGER	BRIAN J. MURPHY	2 A	TIERI WAY	
		WARWICK,	WARWICK, RI 02886 USA	
MANAGER	KEVIN B MURPHY	2 AI	2 ALTIERI WAY	

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THE LAW OFFICES OF KEVIN B. MURPHY AND ASSOCIATES, LLC 244 WEYBOSSET STREET PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 13 Day of September, 2016 at 2:59:22 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>KEVIN B. MURPHY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved