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State of Rhode Isl	and and Providence Plantations of State - Business Services Division
Annual Report for the Limited Liability Co	he year: 2017 mpany
→ Filing period: Septer → Filing Fee: \$50.00	• •
1. Entity ID Number	2. Exact name of the Limited Liability Company

504754	ASB, I	_LC		·			
3. NAICS Code 53-Real Estate and Ren		Brief description of the character of business conducted in Rhode Island Real Estate					
5. State of Formation Rhode Island							
6. Principal Office Address 300 Centerville Rd, Ste 300			City Warwick	State RI	Zip 02886		
7. Mailing Address of Limited	d Liability Compa	ny and Name o	r Title of Contact Person				
Contact Name H. Jeffrey Baker			Contact Title Member	Contact Title Member			
Street Address 300 Centerville Rd, Ste 300			City Warwick	State RI	Zip 02886		
			Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name		Manager Name					
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
			of record with the Department of S				
Under penalty of perjury, statements, and that all st	i declare and aff tatements conta	irm that I have ined herein are	examined this report, includi true and correct.	ing any accompanyin	ng schedules and		
Name of Authorized Person				Date 20/	15/17		
Signature of Authorized Per	rson	#IGI	N DOCUMENT HERE				
							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 2 3 2017 ov 3781_

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