S	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River S		
Providence RI 02904-2615			
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>001666784</u>			
2. Exact Name of the Limited Liability Company <u>18 ASHTON LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		ty. Download
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in Rh	ode Island
REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street: <u>18573 REAMER ROAD</u>			
	STRO VALLEY State:	<u>CA</u> Zip: <u>94546</u> Coun	try: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person:	
Contact Name: MARC S	SANTOS Contact Title:		
	CHARLES ST		
City or Town: PR	ROVIDENCE State: RI	Zip: 02904 Country	/: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip (	Code, Country
	RHODE ISLAND - DO NOT ALTER		
	STORE OF THE POINT ALLEN		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE, RI 02906

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

**Signed this 23 Day of August, 2018 at 10:54:24 AM 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 MARC SANTOS

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved