



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001673506

2. Exact Name of the Limited Liability Company ASI TOURS LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ASI TOURS LLC IS AN INTERNATIONAL TOUR OPERATOR. WE OPERATE 1-2 TOURS A YEAR. THE TOUR BEGINS IN SYDNEY, AUSTRALIA AND ENDS IN THE GOLD COAST, AUSTRALIA. WE DO NO TOURING IN EITHER RHODE ISLAND OR THE USA. OUR TOUR MEMBERS COME FROM EVERY STATE IN THE USA.

WE ARE NOT A TRAVEL AGENT AND I COULD NOT FIND A DESIGNATION FOR TOUR OPERATOR SO I USED THE 999999 FOR THE NAICS.

5. Principal Office Address

No. and Street: 80 AMERICA WAY
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: GAIL MINOFF-KECK Contact Title: CEO

No. and Street: 80 AMERICA WAY
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

GAIL MINOFF-KECK 80 AMERICA WAY JAMESTOWN , RI 02835

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

Signed this 27 Day of September, 2018 at 3:20:56 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 GAIL MINOFF-KECK
Signature of Authorized Person

Form No. 632
Revised 09/07

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