



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 139519		2. Exact name of the limited liability company A.S.N. REALTY L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP AND MANAGEMENT			
5. Principal office address 30 BEECH TREE PLACE			City WAKEFIELD	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William Smith			Contact Title Manager		
Street Address 30 BEECH TREE PLACE			City WAKEFIELD	State RI	Zip 02879
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name William Smith			• Manager Name		
Street Address 30 BEECH TREE PLACE			• Street Address		
City WAKEFIELD	State RI	Zip 02879	• City	• State	• Zip
Manager Name			• Manager Name		
Street Address			• Street Address		
City	State	Zip	• City	• State	• Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DENNIS R. GANNON			Address 11 OLD PHENIX AVENUE		
Address			City CRANSTON	Zip 02921-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date <u>9/12/05</u>
Check No. <u>547</u>
By: <u>DA</u>
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

William Smith 9/8/05
Signature of Authorized Person Date

William Smith

Print or Type Name of Authorized Person