



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# **LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |       |  |   |
|--|-------|--|---|
| 1. Entity ID No.<br><b>718236</b>  |       | 2. Exact name of the limited liability company<br><b>A.S.H., LLC</b>   |   |
| 3. State of Formation<br><b>RI</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate management and any other business activity allowed</b> <b>531110</b> |   |
| 5. Principal office address<br><b>81 School Street</b>   |       | City<br><b>Pawtucket</b>   | State<br><b>RI</b><br>Zip<br><b>02860</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |   |
| Contact Name<br><b>Safdar Hussein</b>  |       | Contact Title<br><b>Member</b>   |   |
| Street Address<br><b>35 Huntbridge Road</b>  |       | City<br><b>North Attleboro</b>   | State<br><b>MA</b><br>Zip<br><b>02860</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |   |
| Manager Name   |       | Manager Name   |   |
| Street Address   |       | Street Address   |   |
| City   | State | Zip  | City                                      |
| State  | Zip   | City   | State                                     |
| Manager Name   |       | Manager Name   |   |
| Street Address   |       | Street Address   |   |
| City   | State | Zip  | City                                      |
| State  | Zip   | City   | State                                     |
| 8. RESIDENT AGENT IN RHODE ISLAND  |       |  |   |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |  |   |

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BY **JFouy5**

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By: \_\_\_\_\_

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.

**Safdar Hussain**  
Signature of Authorized Person

**3/21/20**  
Date

**Safdar Hussain, Member**

Print or Type Name of Authorized Person