



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. <b>718236</b>		2. Exact name of the limited liability company <b>A.S.H., LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate management and any other business activity allowed</b> <b>531110</b>	
5. Principal office address <b>81 School Street</b>		City <b>Pawtucket</b>	State <b>RI</b> Zip <b>02860</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Safdar Hussein</b>		Contact Title <b>Member</b>	
Street Address <b>35 Huntbridge Road</b>		City <b>North Attleboro</b>	State <b>MA</b> Zip <b>02860</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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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2020 MAR 30 A 11:31

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MAR 30 2020

BY **JFouy5**  
**A.A. 11:33 A.M.**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

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