



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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. 148070		2. Exact name of the limited liability company ASHAWAY INVESTMENTS, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE			
5. Principal office address 555 PLEASANT STREET, SUITE 201			City ATTLEBORO	State MA	Zip 02703
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name JOSEPH D. RANDO			Contact Title MANAGER		
Street Address 555 PLEASANT STREET, SUITE 201			City ATTLEBORO	State MA	Zip 02703
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE					
FILL IN SPACES BEFORE USING ATTACHMENTS. <input type="checkbox"/> 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 JOSEPH D. RANDO		Manager Name ANTHONY RANDO			
Street Address 555 PLEASANT STREET, SUITE 201		Street Address 555 PLEASANT STREET, SUITE 201			
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
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 CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888	

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



1 4 8 0 7 0

File Date: 4/17/06
Check No. # 11
By: [Signature]
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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person