



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3640

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1 ID No 142794		2 Exact name of the limited liability company Ashaway Pines, LLC	
3 State of Formation Rhode Island		4 Brief description of the character of the business which is actually conducted in Rhode Island Own and operate campground	
5 Principal office address 41 Saw Mill Rd		City Hopkinton	State RI
		Zip 02832	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Clint Ramsden Contact Title member			
Street Address 41 Saw Mill Rd		City Hopkinton	State RI
		Zip 02832	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 n/a		Manager Name n/a	
Street Address		Street Address	
City	State	Zip	City
Manager Name n/a		Manager Name n/a	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Everett Petronio, Jr., Esq.		Address	
Address 1239 Hartford Avenue		City Johnston	Zip 02919

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

File Date	8/9/06
Check No.	3954
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.

Signature of Authorized Person
Date **8/1/06**
Clint Ramsden, Member
Print or Type Name of Authorized Person