

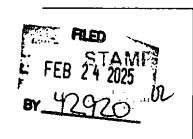
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



6. Principal Office Address 122 Touro Street Newport RI 02840  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Turner C. Scott City Registered Agent  City Newport Street Address 122 Touro Street  City Newport State RI Zip 02840  Zip 02840  Zip 02840  Zip 02840  State RI Zip 02840  State RI Zip 02840  Date  Date  Name of Authorized Person  Date	Entity ID Number 2. Exact name of the Limited Liability Company				
5. State of Formation RI  6. Principal Office Address 122 Touro Street  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Turner C. Scott  Street Address 122 Touro Street  City Newport  RI  02840  Contact Title Registered Agent  City Newport  Street Address 122 Touro Street  City Newport  State Ri  Zip 02840  State Ri  Zip 02840  And The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person	000685928	Aslan Holdings, LLC			
5. State of Formation RI  6. Principal Office Address 122 Touro Street Newport RI  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Turner C. Scott City Registered Agent  City Registered Agent  City Newport  City Newport  State Ri  Zip 02840  Contact Title Registered Agent  State RI  Zip 02840  State RI  Zip 02840  Date  Date	3. NAICS Code		character of business conducted	in Rhode Island	
6. Principal Office Address 122 Touro Street Newport RI  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Turner C. Scott City Registered Agent City Newport Registered Agent  City Newport Street Address 122 Touro Street City Newport State Registered Agent 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	531390	Real Estate			
122 Touro Street  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Turner C. Scott  Street Address 122 Touro Street  City Newport  City Newport  City Newport  State RI  Zip 02840  2ip 02840  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	5. State of Formation				
122 Touro Street  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Turner C. Scott  Street Address 122 Touro Street  City Newport  City Newport  State RI  Zip 02840  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title Registered Agent  State RI  Zip 02840  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	RI				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Turner C. Scott  Street Address  122 Touro Street  City Newport  City Newport  State RI  Zip 02840  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	6. Principal Office Address		City	State	Zip
Contact Name Turner C. Scott  Street Address 122 Touro Street  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	122 Touro Street		Newport	RI	02840
Turner C. Scott  Street Address  122 Touro Street  8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	7. Mailing Address of Limit	ed Liability Company and Name	or Title of Contact Person		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64  9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date					
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Oate	Street Address 122 Tource	o Street	City Newport	Slate RI	<sup>Zip</sup> 02840
Statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date	8. The Resident Agent info	rmation currently of record with	the RI Department of State is accu	urate. Changes require	e filing Form 642.
1	, , , ,	• •	•	ding any accompany	ring schedules and
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
DWIGHT SIPPLECCE USINIZUES	DWIGHT S	FIPPLE LLE		02/11/	2025
Signature of Authorized Person  Signature of Authorized Person  MANAGING MEMBER	Signature of Authorized Pe	MANAGINI	6 HEMBER		

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov