



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025
SECRETARY OF STATE
JRE
MAR 11 2025

1. Entity ID Number <u>001714622</u>		2. Exact name of the Corporation <u>ASNA Corp.</u>			
3. Principal Office Address <u>245 Fan hill rd</u>			City <u>Monroe</u>	State <u>CT</u>	Zip <u>06468</u>
4. NAICS Code <u>532411</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. State of Incorporation <u>Connecticut</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Asa O. Momtaz</u>			Vice-President Name <u>Saeed Ahmad</u>		
Street Address <u>454 Fan hill rd</u>			Street Address <u>38 Baldue Court</u>		
City <u>Monroe</u>	State <u>CT</u>	Zip <u>06716</u>	City <u>Wolcott</u>	State <u>CT</u>	Zip <u>06716</u>
Secretary Name <u>Saeed Ahmad</u>			Treasurer Name		
Street Address <u>38 Baldue Court</u>			Street Address		
City <u>Wolcott</u>	State <u>CT</u>	Zip <u>06716</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Saeed Ahmad</u>			Director Name		
Street Address <u>38 Baldue Court</u>			Street Address		
City <u>Wolcott</u>	State <u>CT</u>	Zip <u>06716</u>	City	State	Zip
Director Name <u>Asa O. Momtaz</u>			Director Name		
Street Address <u>454 Fan hill rd</u>			Street Address		
City <u>Monroe</u>	State <u>CT</u>	Zip <u>06468</u>	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>20,000</u>	<u>STK</u>	<u>0</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative <u>Asad Momtaz</u>					Date <u>3/11/25</u>
Signature of Authorized Representative <u>Asad Momtaz</u>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 11 2025
BY J2DAD
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