



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.

STAMP

SECRETARY OF STATE

2025 MAR 11 12:25

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

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**

**AA. 4:14 PM.**