RI SOS Filing Number: 202566884140 Date: 3/11/2025 4:13:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation			
001714622	ASNA CORP			
3. Principal Office Address		City	State	Zip
745 Fan hill rd		Monroe	CT	06468
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
532411	Real Estate			
5. State of Incorporation				
Connecticut				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Asa U. Mumtaz			Saeed Ahmad		
Street Address			Street Address		
454 Fan hill rd			38 Balduc Court		
City	State	Zip	City	State	Zip
Monroe	CT	06468	Wolcott	CT	06716
Secretary Name			Treasurer Name		
Saeed Ahmad					
Street Address			Street Address		
38 Balduc Court					
City	State	Zip	City	State	Zip
Wolcott	CT	06716			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Saeed Ahmad					
Street Address			Street Address		
38 Balduc Court					
City	State	Zip	City	State	Zip
Wolcott	CT	06716			
Director Name			Director Name		
Asa U. Mumtaz					
Street Address			Street Address		
454 Fan hill rd					
City	State	Zip	City	State	Zip
Monroe	CT	06468			

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20,000	STK	0

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	Date
Asad Mumtaz	3/11/25

Signature of Authorized Representative: Asad Mumtaz

FILED
MAR 11 2025
BY J2040 AA 4:13 pm.

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

FORM 630 - Revised 12/2023