



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2022
Corporation

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

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

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 **J2040 AA-4:12 pm**