



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 989672		2. Exact name of the limited liability company Ashton 3313, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Investments in personal property in real estate			
5. Principal office address 15 Apple Blossom Lane		City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Susan Stephen		Contact Title Member			
Street Address 15 Apple Blossom Lane		City Coventry	State RI	Zip 02816	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <u>G. John Gazerro, Jr. 1551 Centreville Rd Warwick RI</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. 02886					

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
 OCT 26 2015
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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.

Susan Stephen
 Signature of Authorized Person _____ Date _____
Susan Stephen
 Print or Type Name of Authorized Person