

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90023 046 ****50.00

DOCUMENT # **MD/000000943**

1. Entity Name

Asset Control, LLC

938755

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 Westminster Street

Suite, Apt. #, etc.

3. Mailing Address

40 Westminster Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Providence, RI

City & State

Providence, RI

4. FEI Number

05-0510386

Applied For

Not Applicable

Zip

02903

Country

USA

Zip

02903

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Kenneth C. Bohlen
40 Westminster Street
Providence, RI 02903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Buell J. Carter, Jr.
40 Westminster Street
Providence, RI 02903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Michael J. Livatino
40 Westminster Street
Providence, RI 02903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
John F. Carey
40 Westminster Street
Providence, RI 02903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
G. David Rosenblum
225 Trianon Lane, PO Box 460
Villanova, PA 19085

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William J. Clegg, Secretary

4/10/02

Date

401-621-4200

Daytime Phone #

CR2E083B (12/01)