



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 37109		2. Name of Corporation Classic Acres, Inc.			
3. Street Address Principal Business Office TWO ELM STREET, P.O. BOX 414			City WESTERLY	State RI	Zip 02891-0414
4. Business Phone No. (401) 596-0225		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE DEVELOPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kathleen A. Thompson			Vice President Name		
Street Address 9 Wicasta Farm Road			Street Address		
City Hope Valley	State Rhode Island	Zip 02832	City	State	Zip
Secretary Name Kathleen A. Thompson			Treasurer Name Kathleen A. Thompson		
Street Address 9 Wicasta Farm Road			Street Address 9 Wicasta Farm Road		
City Hope Valley	State Rhode Island	Zip 02832	City Hope Valley	State Rhode Island	Zip 02832
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kathleen A. Thompson			Director Name Jean I. Stevenson		
Street Address 9 Wicasta Farm Road			Street Address 6 Red Fox Trail		
City Hope Valley	State Rhode Island	Zip 02832	City Hope Valley	State Rhode Island	Zip 02832
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Comm No Par Value		1,000	Common	None
			THIS SECTION MUST BE COMPLETED		

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.

File Date **FILED**
Check No. **JAN 28 2008**
By: **DS 1130**
FOR SECRETARY OF STATE USE ONLY

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.

Kathleen Thompson 1/22/08
Signature Date
Kathleen A. Thompson
Print or Type Name
President
Title