



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 2009

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 101752		2. Name of Corporation AC MOORE INCORPORATED			
3. Street Address Principal Business Office 130 AC MOORE DRIVE			City BERLIN	State NJ	Zip 08009
4. Business Phone No. 856-768-4930		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL ARTS AND CRAFTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICK LEPLEY			Vice President Name JOSEPH JEFFRIES		
Street Address 130 AC MOORE DRIVE			Street Address 130 AC MOORE DRIVE		
City BERLIN	State NJ	Zip 08009	City BERLIN	State NJ	Zip 08009
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL JOYCE			Director Name JOSEPH CORADINO		
Street Address 130 AC MOORE DRIVE			Street Address 130 AC MOORE DRIVE		
City BERLIN	State NJ	Zip 08009	City BERLIN	State NJ	Zip 08009
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares 1000	Class/Series NO PAR	Par Value 0

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.

Signature

Date

ROD SCHRIVER

Print or Type Name

VP CONTROLLER

Title

File Date	FILED
Check No.	MAR 02 2009
By	By 302004
FOR SECRETARY OF STATE USE ONLY	