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 2010

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.	2. Name of Corporation			
101752	AC MOORE INCORPORATED			
3. Street Address Principal Business Office		City	State	Zip
130 AC MOORE DRIVE		BERLIN	NJ	08009
4. Business Phone No.	5. State of Incorporation			
856-768-4930	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			Vice President Name		
RICK LEPLEY			JOSEPH JEFFRIES		
Street Address			Street Address		
130 AC MOORE DRIVE			130 AC MOORE DRIVE		
City	State	Zip	City	State	Zip
BERLIN	NJ	08009	BERLIN	NJ	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			Director Name		
MICHAEL JOYCE			JOSEPH CORADINO		
Street Address			Street Address		
130 AC MOORE DRIVE			130 AC MOORE DRIVE		
City	State	Zip	City	State	Zip
BERLIN	NJ	08009	BERLIN	NJ	08009
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	NO PAR	0
THIS SECTION [illegible]		

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.

[redacted]

File Date 2-8-2010 2/8/2010
Check No. 333626 333626
By: mmc mmc
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 02-04-10

RODNEY SCHRIVER
Print or Type Name

VP CONTROLLER
Title

Form 630 Rev. 08/08