



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. <u>138761</u>		2. Exact name of the limited liability company <u>Acad Development LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate Rental Property</u>	
5. Principal office address <u>760 Greenville Ave</u>		City <u>Johnston</u>	State <u>RI</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>Debra Parente</u>		Contact Title <u>Pres</u>	Zip <u>02919</u>
Street Address <u>114 Danielsen Pike</u>		City <u>Foster</u>	State <u>RI</u>
Zip <u>02825</u>		City <u>Foster</u>	State <u>RI</u>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Debra Parente</u>		Manager Name <u>Albert Parente</u>	
Street Address <u>114 Danielsen Pike</u>		Street Address <u>344 Douglas Hook Rd</u>	
City <u>RI</u>	State <u>RI</u>	City <u>Gloucester</u>	State <u>RI</u>
Zip <u>02825</u>	Zip <u>02814</u>	City <u>Gloucester</u>	State <u>RI</u>
Manager Name		Manager Name	
Street Address		Street Address	
City <u>RI</u>	State <u>RI</u>	City <u>Gloucester</u>	State <u>RI</u>
Zip <u>02825</u>	Zip <u>02814</u>	City <u>Gloucester</u>	State <u>RI</u>
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Debra Parente 11/23/10
Signature of Authorized Person Date

Debra Parente
Print or Type Name of Authorized Person

FILED

File Date NOV 23 2010

Check No. DS

By: DS 131739

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