



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 2009

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 J</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>		City <u>Foster</u>	State <u>RI</u>
Street Address <u>114 Danielson Pike</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"/>		City <u>Foster</u>	State <u>RI</u>
Manager Name <u>Debra Parente</u>		City <u>Gloicester</u>	State <u>RI</u>
Street Address <u>114 Danielson Pike</u>		City <u>Gloicester</u>	State <u>RI</u>
City <u>Foster</u>		City <u>Gloicester</u>	State <u>RI</u>
State <u>RI</u>		State <u>RI</u>	State <u>RI</u>
Zip <u>02825</u>		Zip <u>02811</u>	Zip <u>02811</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).

FILED

File Date _____

Check No. NOV 23 2010

By: 131739

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.

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

Debra Parente
Print or Type Name of Authorized Person