



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>	Zip <u>02825</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 Danielson Pike</u>		Street Address <u>344 Douglas Hook RD</u>	
City <u>Foster</u>	State <u>RI</u>	City <u>Glocester</u>	State <u>RI</u>
Zip <u>02825</u>		Zip <u>02811</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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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SECRETARY OF STATE
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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