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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 2011

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			
63018	C.A.C. Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
62 Franklin St, Ocean Plaza		Westerly	RI	02891
4. Business Phone No.	5. State of Incorporation			
401 596-9220	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
Food service

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Charlene A. Carpenter	14 Maybrey Dr	Westerly	RI	02891

Vice President Name	Street Address	City	State	Zip
Mark F. Carpenter	14 Maybrey Dr	Westerly	RI	02891

Secretary Name	Street Address	City	State	Zip
Mark F. Carpenter	14 Maybrey Dr	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Charlene A. Carpenter	14 Maybrey Dr	Westerly	RI	02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Charlene A. Carpenter	14 Maybrey Dr	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Mark F. Carpenter	14 Maybrey Dr	Westerly	RI	02891

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
100	Common	No Par

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] [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.

Charlene A Carpenter 6-27-11
Signature *Date*

Charlene A. Carpenter
Print or Type Name

[redacted] President
Title

FILED
File Date JUN 28 2011
Check No. 2359
By: BY
FOR SECRETARY OF STATE USE ONLY

65039-3-653103

Form 630 Rev. 08/08