



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 2011

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)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 518722		2. Exact name of the limited liability company AC Properties LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding company			
5. Principal office address 74 Pomona St.		City N. Smithfield		State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jonathan Garcia			Contact Title Manager		
Street Address 74 Pomona St.		City N. Smithfield		State RI	Zip 02896
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 Jonathan Garcia			Manager Name Scott Sensabaugh		
Street Address 74 Pomona St.			Street Address 1170 Pontiac Ave.		
City N. Smithfield		State RI	Zip 02896	City Cranston	
				State RI	Zip 02920
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
				State	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					

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

518722
FILED

File Date	OCT 21 2011
Check No.	By <i>[Signature]</i>
By:	4282
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.

[Signature]
Signature of Authorized Person
Date 10/12/2011
Jonathan Garcia
Print or Type Name of Authorized Person