



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
401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$60.00* • **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. 99533		2. Name of Corporation AMCOL REALTY, INC			
3. Street Address Principal Business Office 158 RAILROAD ST			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. 1-401-726-9999		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANN C COLALUCA			Vice President Name JOHN L BURKE		
Street Address 696 READ ST			Street Address 700 READ ST		
City SEEKONK	State MA.	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name ANN C COLALUCA			Treasurer Name JOHN L. BURKE		
Street Address 696 READ ST			Street Address 700 READ ST		
City SEEKONK	State MA	Zip 02771	City SEEKONK,	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
			Number of Shares 600	Class/Series STK	Par Value NONE

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.

FILED

JAN 13 2012

File Date _____
Check No. **1031**
By: _____
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.

Ann C Colaluca
Signature _____ Date **1-10-2012**
ANN C COLALUCA
Print or Type Name
PRESIDENT
Title