



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 161575		2. Exact name of the limited liability company ADVANCED CHEMICAL REALTY LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island TO OWN, DEVELOP, INVESTIN AND MANAGE REAL E PERSONAL PROPERTY			
5. Principal office address 105 BELLOWS STREET		City WARWICK	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THE ROSEMARY J. SMITH REVOCABLE TRUST		Contact Title MEMBER			
Street Address 105 BELLOWS STREET		City WARWICK	State RI	Zip 02888	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name GERALD A. SMITH, JR			Manager Name ROSEMARY J. SMITH		
Street Address 105 BELLOWS STREET			Street Address 105 BELLOWS STREET		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
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 Form 642.					

SECRETARY OF STATE
 CORPORATIONS DIV
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FILED 1034
 AUG 02 2013
 BY 12 203100

File Date _____
 Check No _____
 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.

Michael A. Patalano 8/1/13
 Signature of Authorized Person Date
MICHAEL A. PATALANO AGENT
 Print or Type Name of Authorized Person
ABC FINANCIAL SERVICES INC