



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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

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. 148771 | | 2. Exact name of the limited liability company ACR REALTY LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island OWNERSHIP OF REAL ESTATE | | | |
| 5. Principal office address 30 RELIANCE DRIVE | | City BRISTOL | | State RI | Zip 02809 |
| Contact Name JOSEPH RAHEB | | Contact Title ATTORNEY | | | |
| Street Address 650 WASHINGTON HWY. | | City LINCOLN | | State RI | Zip 02865 |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

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STATE OF RHODE ISLAND
DIVISION OF BUSINESS SERVICES

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 of Authorized Person

Date

ANTONIO C. RAMOS

Print or Type Name of Authorized Person