



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 2014

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. 1651		2. Name of Corporation AC HOLDINGS, INC.			
3. Street Address Principal Business Office 10 BLACKSTONE VALLEY PLACE			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-333-3300		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PRODUCE, BUY, SELL AND OTHERWISE DEAL I COFFEE, TEA,, SYRUP AND RELATED PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD M. FIELD, JR.			Vice President Name CYNTHIA F. WALL		
Street Address 10 BLACKSTONE VALLEY PLACE			Street Address 10 BLACKSTONE VALLEY PLACE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name CYNTHIA F. WALL			Treasurer Name RICHARD M. FIELD, JR.		
Street Address 10 BLACKSTONE VALLEY PLACE			Street Address 10 BLACKSTONE VALLEY PLACE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD M. FIELD, JR.			Director Name CYNTHIA F. WALL		
Street Address 10 BLACKSTONE VALLEY PLACE			Street Address 10 BLACKSTONE VALLEY PLACE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	\$1.00	8,000	COMMON	\$1.00

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

FEB 24 2014

1054

BY

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.

Richard M. Field, Jr. 2/14/14
Signature Date

RICHARD M. FIELD, JR.

Print or Type Name

PRESIDENT

Title

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY