

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

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.

2014

1. Entity ID No.	2. Exact nan	2. Exact name of the limited liability company				
128914	A & C	A & C COMMERCIAL REAL ESTATE, LLC				
3. State of Formation Rhode Island	l l	Brief description of the character of business conducted in Rhode Island the ownership and development of real property				
5. Principal office address 778 Warwick Avenue			City Warwick	State RI	Zip 02888-0000	
e, which the Advances it of t	ANTED LIABLE	Y COMPANY AND NA	me on three of compact year	0000:		
Contact Name Antonio A. Arruda	act Name ntonio A. Arruda		Contact Title Manager			
Street Address 778 Warwick Avenue	2		City Warwick	State RI	Zip 02888-0000	
7. LIST ALL MANAGERS (II ("X" BOX FOR ATTACHM		RESSES) OF THE LIN	ITTED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST WEMBERS	
Manager Name Antonio A. Arruda			Manager Name Carlos D'Arruda			
Street Address 21 Jane Howland Place			Street Address 52 Melburn Road			
City Seekonk	State MA	Zip 02771	City East Providence	State RI	^{Zip} 02914	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN FILE	ODE ISLAND	1			1	
This information is currentl	y of record in the	Office of the Secreta	ry of State. Changes require filing	Form 642.		

FILED
AUG 2 6 2014

AUG 2 22.17

File Date	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.		
Check Ho	and that all statements contained herein are to	09/01/2014	
By:	Signature of Authorized Person	Date	
	Antonio A. Arruda		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		
	Manager		

Form No. 632 Revised: 01/2012