RI SOS Filing Number: 201554106510 Date: 01/23/2015 11:26 AM

Amended Report

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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
000000665	A.C.A. REALTY INC		
3. Principal office address: 78 PELLETIER AVENUE	City: WOONSOCKET	State: RI	Zip: 02895
4. Business Phone No.: 401-766-2457	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: OWN REAL ESTATE			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: KEVIN D. ALLAM			Vice-President Name: KIMBERLY L ALLAM		
Street Address: 1104 MAY FARM ROAD			Street Address: 1104 MAY FARM ROAD		
City: BARTON	State: VT	Zip: 05822	City: BARTON	State: VT	Zip: 05822
Secretary Name: KIMBERLY L ALLAM			Treasurer Name: KEVIN D ALLAM		
Street Address: 1104 MAY FARM ROAD			Street Address: 1104 MAY FARM ROAD		
City: BARTON	State: VT	Zip: 05822	City: BARTON	State: VT	Zip: 05822

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: KEVIN D. ALLAM			Director Name		
Street Address: 1104 MAY FARM ROAD			Street Address		
City: BARTON	State: VT	Zip: 05822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 JAN 23 AM 11:26

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200		0.00

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.

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No:
By:

FILED
JAN 23 2015
A. A. 11:26A.M.

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.

X Kevin Allam — Signature of Authorized Representative
X 1/19/15 — Date
X Kevin Allam — Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 23, 2015 11:26 AM

Nellie M. Gorbea
Secretary of State

116494-15-1008142