



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 2016

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. 00071		2. Exact name of the Corporation ACS Industries, Inc.			
3. Principal office address One New England Way		City Lincoln		State RI	Zip 02865
4. Business Phone No. (401) 769 4700		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Research & Development and Corporate Office					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven N. Buckler			Vice-President Name Peter R. Botvin		
Street Address One New England Way			Street Address One England Way		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Jeffrey D. Buckler			Treasurer Name Paul M. Pimentel		
Street Address One New England Way			Street Address One New England Way		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steven N. Buckler			Director Name Peter R. Botvin		
Street Address One New England Way			Street Address One New England Way		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name David W. Quigley			Director Name		
Street Address One New England Way			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			103.23	CWP	\$300

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 01 2016

KL 254480

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.

Steven Buckler 1/14/16

Signature of Authorized Representative

Date

Steven Buckler

Print or Type Name of Authorized Representative