



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. 000000665		2. Exact name of the Corporation ACA Realty Inc.	
3. Principal office address 78 Pelletier Avenue		City Woonsocket	State R.I.
4. Business Phone No.		Zip 02895	
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) <input type="checkbox"/>			
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
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Kevin D. Allam		Director Name	
Street Address 1104 May Farm Road		Street Address	
City BARTON	State VT	Zip 05822	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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 200		CLASS/SERIES	PAR VALUE 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.

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

FILED

MAR 17 2016

By 270283

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 Representative
Date

Print or Type Name of Authorized Representative

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