



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 2136		2. Exact name of the Corporation A. C. BEALS COMPANY, INC.			
3. Principal Office Address 90 SWEETFERN ROAD		City WARWICK		State R.I.	Zip 02888
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation		PERSONAL HOLDING COMPANY			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ANN P. BEALS			Vice-President Name		
Street Address 90 SWEETFERN ROAD			Street Address		
City WARWICK	State R.I.	Zip 02888	City	State	Zip
Secretary Name			Treasurer Name NANCY K. BEALS		
Street Address			Street Address 90 SWEETFERN ROAD		
City	State	Zip	City WARWICK	State R.I.	Zip 02888
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 600		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
				C-N-D	
				0	
11. 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.					
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.					
Name of Authorized Representative <i>Ann P. Beals</i>				Date 1/13/2017	
Signature of Authorized Representative				FILED JAN 17 2017	
SIGN DOCUMENT HERE BY					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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