



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 1044214		2. Exact name of the Corporation ACOMM, INC.												
3. Principal Office Address 2711 POST ROAD			City WARWICK	State RI	Zip 02886									
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island TRANSPORTING & TOWING												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name AMANDA VERRIER			Vice-President Name NONE											
Street Address 336 HOPE FURNACE ROAD			Street Address											
City HOPE	State RI	Zip 02831	City	State	Zip									
Secretary Name NONE			Treasurer Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name AMANDA VERRIER			Director Name NONE											
Street Address 336 HOPE FURNACE ROAD			Street Address											
City HOPE	State RI	Zip 02831	City	State	Zip									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	COMMON	.01												
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 AMANDA VERRIER				Date 2/24/17										
Signature of Authorized Representative <i>Amada M Verrier</i>				<div style="text-align: center;"> FILED SIGN DOCUMENT HERE </div>										

APR 04 2017

By *30142*