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 2018

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			
000099533	AMCOL REALTY, INC			
3. Principal office address		City	State	Zip
158 RAILROAD ST		C/FALLS	RI	02863
4. Business Phone No.		5. State of Incorporation		
401 726 9999		R.I.		

6. Brief description of the character of business conducted in Rhode Island
MANUFACTURE 324999

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

President Name			Vice-President Name		
ANN COLALUCA			JOHN LORENZO BURKE		
Street Address			Street Address		
696 READ ST			700 READ ST		
City	State	Zip	City	State	Zip
SEEKONK	MA	02771	SEEKONK	MA	02771
Secretary Name			Treasurer Name		
ANN COLALUCA			JOHN LORENZO BURKE		
Street Address			Street Address		
696 READ ST			700 READ ST		
City	State	Zip	City	State	Zip
SEEKONK	MA	02771	SEEKONK	MA	02771

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

Director Name			Director Name		
N/A NONE			N/A NONE		
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

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
600	STK	0
	NE 31-33	

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.

Signature of Authorized Representative — Date 2-5-18

ANN C COLALUCA — 2/5/2018
Print or Type Name of Authorized Representative — Date

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

FILED
FEB 13 2018
B 1887 DS

Form No. 630
Revised: 01/2011

#1887