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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
71	ACS Indu	ACS Industries, Inc.					
3. Principal Office Address			City	City State Zip			
One New England Way			Lincoln		RI	02865	
4. NAICS Code 32 33 45 5. State of Incorporation Rhode Island	Research &	6. Brief description of the character of business conducted in Rhode Island Research & Development and Corporate Office					
7. List ALL officers (names and	d addresses)			Check	he box to i	ndicate an attachment	
President Name Steven N. Buc	Vice-President Name Peter R. Botvin						
Street Address One New Engla	Street Address One New 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 a	nd addresses)	<u>-</u>	*	Check	the box to i	ndicate an attachment	
Director Name Steven N. Buckler			Director Name	Director Name Peter R. Botvin			
Street Address One New England Way			Street Address	Street Address One New England Way			
City Lincoln	State RI	Zip 02865	City Lincoln		State RI	^{Zip} 02865	
Director Name David W. Quigle	ey	•	Director Name	<u>, , , , , , , , , , , , , , , , , , , </u>			
Street Address One New Engla	•		Street Address	3			
City Lincoln	State RI	Zip 02865	City		State	Zip	
9. Shares Authorized		10. Shares Iss					
This information is currently of record in the Department of State.			NUMBER OF SHARES			PAR VALUE	
Changes require an additional filing.		80,280	80,280		Class A Common		
		2,000	·		Class B Common		
 This report must be execut trustee, this report must be ex 	ecuted on behalf of	the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I destatements, and that all state				ncluding any accom	panying s	chedules and	
Name of Authorized Represen			10 CON C CL	· · · · · · · · · · · · · · · · · · ·	Date	/ /	
Jeffrey D. Buckler	-	02/15/18					
Signature of Authorized Repre	sentative	SIGN DO	CUMENT H. R.	LEU R	,		
			FEB	2 8 2018 		<u> </u>	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 2(14770

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