



**Department of State - Business Services Division**

Annual Report for the year: 2020  
 Corporation

374219

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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JAN 12 A 10 10

1. Entity ID Number <u>000124459</u>	2. Exact name of the Corporation <u>ACM ASSOCIATES INC</u>
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3. Principal Office Address <u>55 Access Rd</u>				City <u>WARWICK</u>	State <u>Rd</u>	Zip <u>02886</u>
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4. NAICS Code <u>3133 336120</u>	6. Brief description of the character of business conducted in Rhode Island <u>MANUFACTURING RSP</u>		
5. State of Incorporation <u>Rd</u>			

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DAVID MIALE</u>						Vice-President Name					
Street Address <u>28 Belfield Dr</u>						Street Address					
City <u>Johnston</u>		State <u>Rd</u>		Zip <u>02919</u>		City		State		Zip	
Secretary Name						Treasurer Name					
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						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			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	PAR VALUE			
	<u>1000</u>		<u>0</u>			

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 <u>DAVID MIALE</u>		Date <u>1/16/20</u>
Signature of Authorized Representative <u>David Miale</u>		<b>FILED</b>
SIGN DOCUMENT HERE		JAN 12 2021

FILED by ALB 10:11