



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation \_\_\_\_\_

- 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 APR -8 P 2:46

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 RI	Zip 02888
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island Personal holding company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kimberly Beals			Vice-President Name		
Street Address P.O. Box 854			Street Address		
City North Conway	State NH	Zip 03860	City	State	Zip
Secretary Name			Treasurer Name Kimberly Beals		
Street Address			Street Address P.O. Box 854		
City	State	Zip	City North Conway	State NH	Zip 03860
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		600		Common	
				PAR VALUE	
				No Par	
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.					
<b>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.</b>					
Name of Authorized Representative Kimberly Beals, Administrator					Date 3.26.21
Signature of Authorized Representative 					

**FILED**

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

APR 08 2021  
16:57  
A.A. 2:50 PM