



Department of State - Business Services Division

**STAMP**

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Annual Report for the year: 2023

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

1. Entity ID Number <b>000039986</b>		2. Exact name of the Corporation <b>Acorn Realty, Inc.</b>			
3. Principal Office Address <b>33 Acorn Street Box 4</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>531312</b>		6. Brief description of the character of business conducted in Rhode Island <b>Buying, selling, renting and leasing of real estate</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Michael J. Caparco, Sr.</b>		Vice-President Name <b>Michael J. Caparco, Sr.</b>			
Street Address <b>33 Acorn Street Box 4</b>		Street Address <b>33 Acorn Street Box 4</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Michael J. Caparco, Sr.</b>		Treasurer Name <b>Michael J. Caparco, Sr.</b>			
Street Address <b>33 Acorn Street Box 4</b>		Street Address <b>33 Acorn Street Box 4</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Michael J. Caparco, Sr.</b>		Director Name			
Street Address <b>33 Acorn Street Box 4</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>2000 Common with no par</b>		
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.					
<i>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.</i>					
Name of Authorized Representative <b>Michael J. Caparco, Sr.</b>			FILED	Date <b>2/15/23</b>	
Signature of Authorized Representative 					

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