



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JAN 31 2024
3005 *R*

1. Entity ID Number 000099533		2. Exact name of the Corporation AMCAL REALTY, INC.			
3. Principal Office Address 158 RAILROAD ST			City CENTRAL FALLS	State R.I.	Zip 02863
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island MANU. PLASTIC BAGS			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name ANN COLALUCA			Vice-President Name JOHN BURKE		
Street Address 146/158 RAILROAD ST			Street Address 700 READ ST		
City C/FALLS	State R.I.	Zip 02863	City SEELKONK	State MA	Zip 02271
Secretary Name ANN COLALUCA			Treasurer Name JOHN BURKE		
Street Address 146-158 RAILROAD ST			Street Address 700 READ ST		
City C/FALLS	State R.I.	Zip 02863	City SEELKONK	State MA	Zip 02271
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name N/A			Director Name N/A		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		STK	0
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 <i>[Signature]</i>					Date 1-29-2024
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov