

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company**

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
000310406	ACR Land, LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island			
531120	LEASING AND RENTING OF REAL PROPERTY AND ANY OTHER ACTS				
5. State of Formation	OR THINGS RELATIV	OR THINGS RELATIVE THERETO PERMISSIBLE BY LAW.			
RHODE ISLAND					
6. Principal Office Address	- I	City	State	Zip	
190 COWESETT GREEN DRIVE		WARWICK	RI	02886	
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person	!		
Contact Name ERIN RATH		Contact Title MEMBER			
Street Address 190 COWESETT GREEN DRIVE		City WARWICK	State	^{Zip} 02886	
8. The Resident Agent inform	ation currently of record with the R	RI Department of State is accur	ate. Changes requir		
9. Under penalty of perjury,	I declare and affirm that I have tements contained herein are tr	examined this report, includi			
Name of Authorized Person			Date /		
ERIN RATH			2/5/24		
Signature of Authorized Person	on	200	· (/		

MAIL TO:

Division of Business Services

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