



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.

FILED

FEB 09 2024

BY

1190

1. Entity ID Number 001715821		2. Exact name of the Corporation ACME INC. PLUMBING MECHANICAL	
3. Principal Office Address 17 Puttker Road		City N. Stonington	State CT
		Zip 06359	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island provide plumbing and mechanical services and installation		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robin Loffler		Vice-President Name Michael Loffler	
Street Address 17 Puttker Road		Street Address 17 Puttker Road	
City N. Stonington	State CT	City N. Stonington	State CT
Zip 06359		Zip 06359	
Secretary Name Michael Loffler		Treasurer Name Robin Loffler	
Street Address 17 Puttker Road		Street Address 17 Puttker Road	
City N. Stonington	State CT	City N. Stonington	State CT
Zip 06359		Zip 06359	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robin Loffler		Director Name Michael Loffler	
Street Address 17 Puttker Road		Street Address 17 Puttker Road	
City N. Stonington	State CT	City N. Stonington	State CT
Zip 06359		Zip 06359	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
1,000		Common	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. 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 Robin Loffler		Date 2/1/2024	
Signature of Authorized Representative Robin Loffler			

MAIL TO:

Division of Business Services

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

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