

State of Rhode Island
Department of State - Business Services Division

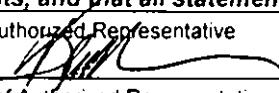
Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RHODES BSD
24 MAR 14 10:44:11

1. Entity ID Number 001701032		2. Exact name of the Corporation ACACIA FINANCIAL GROUP INC			
3. Principal Office Address 6000 MIDLANTIC DR, STE 410 NORTH			City MT LAUREL	State NJ	Zip 08054
4. NAICS Code 541600		6. Brief description of the character of business conducted in Rhode Island MUNT BD ARBITRAGE			
5. State of Incorporation NC					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name KIM M WHELAN			Vice-President Name STMT 1		
Street Address 832 MATIACK DRIVE			Street Address		
City MOORESTOWN	State NC	Zip 08057-1442	City	State	Zip
Secretary Name JOSHUA C NYIKITA			Treasurer Name PETER D NISSEN		
Street Address 126 E CENTRAL AVENUE			Street Address 901 CHESTERFIELD DRIVE		
City MOORESTOWN	State NJ	Zip 08057	City AMBLER	State PA	Zip 19002
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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 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 1540		CLASS/SERIES A	PAR VALUE 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 				Date 2/28/2024	
Signature of Authorized Representative KIM M. WHELAN				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

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