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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

1 Entity ID Number	2 Exact name of the Corporation			
001701032	ACACIA FINANCIAL GROUP INC			
3. Principal Office Address		City	State	Zip
6000 MIDLANTIC DR, STE 410 NORTH		MT LAUREL	NJ	08054
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
541600				
5. State of Incorporation				
NC	MUNI BD ARBITRAGE			

7. List ALL officers (names and addresses)			Check the box to indicate an attachment		X
President Name			Vice-President Name		STMT 1
KIM M WHELAN					
Street Address			Street Address		
832 MATLACK DRIVE					
City	State	Zip	City	State	Zip
MOORESTOWN	NJ	08057-1442			
Secretary Name			Treasurer Name		
JOSHUA C NYZKITA			PETER D NISSEN		
Street Address			Street Address		
126 E CENTRAL AVENUE			901 CHESTERFIELD DRIVE		
City	State	Zip	City	State	Zip
MOORESTOWN	NJ	08057	AMBLER	PA	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.	1590	A	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

FILED

Signature of Authorized Representative
KIM M. WHELAN

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 01 2024
BY 2WSCP