



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.

APR 10 2024

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1. Entity ID Number 91		2. Exact name of the Corporation A E C Associates, Inc.			
3. Principal Office Address 37 Wood Cove Drive			City Coventry	State RI	Zip 02816
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island real estate transactions, including purchasing, renting leasing and other lawful purposes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT S. CONDE			Vice-President Name		
Street Address 320 Mile Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name BRIAN L. CONDE			Treasurer Name KENNETH F. CONDE		
Street Address 37 Wood Cove Drive			Street Address 15 Montgomery Street		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALBERT S. CONDE			Director Name KENNETH F. CONDE		
Street Address 320 Mile Road			Street Address 15 Montgomery Street		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
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 <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		
			1300		
			common		
			no par value		
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 BRIAN L. CONDE, Secretary					Date 4/5/24
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