



State of Rhode Island
Department of State - Business Services Division



Annual Report for the year: 2025
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 000039986		2. Exact name of the Corporation Acorn Realty, Inc.			
3. Principal Office Address 33 Acorn Street, Box 4			City Providence	State RI	Zip 02903
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island Buying, selling, renting and leasing of real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael J. Caparco, Sr.			Vice-President Name Michael J. Caparco, Sr.		
Street Address 33 Acorn Street, Box 4			Street Address 33 Acorn Street, Box 4		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Michael J. Caparco, Sr.			Treasurer Name Michael J. Caparco, Sr.		
Street Address 33 Acorn Street, Box 4			Street Address 33 Acorn Street, Box 4		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Caparco, Sr.			Director Name		
Street Address 33 Acorn Street, Box 4			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			2000 Common Shares no par value		
Changes require an additional filing.					
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 Michael Caparco					Date 1/29/25
Signature of Authorized Representative					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

FEB 06 2025
BY **ML 3548**