



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.

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1. Entity ID Number 000037109	2. Exact name of the Corporation CLASSIC ACRES, INC.		
3. Principal Office Address TWO ELM STREET		City WESTERLY	State RI
		Zip 02891	
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT		
5. State of Incorporation RHODE ISLAND			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name KATHLEEN A. THOMPSON		Vice-President Name WESTON E. THOMPSON	
Street Address 9 WICASTA FARM ROAD		Street Address 9 WICASTA FARM ROAD	
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY
			State RI
			Zip 02832
Secretary Name KIMBERLY J. TREAT		Treasurer Name KATHLEEN A. THOMPSON	
Street Address 8 Cedarwood Lane		Street Address 9 WICASTA FARM ROAD	
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY
			State RI
			Zip 02832

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name KATHLEEN A. THOMPSON		Director Name WESTON E. THOMPSON	
Street Address 9 WICASTA FARM ROAD		Street Address 9 WICASTA FARM ROAD	
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY
			State RI
			Zip 02832
Director Name KIMBERLY J. TREAT		Director Name	
Street Address 8 Cedarwood Lane		Street Address	
City HOPE VALLEY	State RI	Zip 02832	City
			State
			Zip

9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SHARES
		PAR VALUE	
		1,000	CNP
			\$0.0000

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 KATHLEEN A. THOMPSON	Date 7/2/25
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Signature of Authorized Representative  
*Kathleen Thompson*

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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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BY RFH/DN