



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.

2025 JUL -7 P 3:37

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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		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
Signature of Authorized Representative <i>Kathleen A Thompson</i>					

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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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