



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 <b>000037109</b>		2. Exact name of the Corporation <b>CLASSIC ACRES, INC.</b>			
3. Principal Office Address <b>TWO ELM STREET</b>			City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>531210</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE DEVELOPMENT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>KATHLEEN A. THOMPSON</b>			Vice-President Name <b>WESTON E. THOMPSON</b>		
Street Address <b>9 WICASTA FARM ROAD</b>			Street Address <b>9 WICASTA FARM ROAD</b>		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>
Secretary Name <b>KIMBERLY J. TREAT</b>			Treasurer Name <b>KATHLEEN THOMPSON</b>		
Street Address <b>8 Cedarwood Lane</b>			Street Address <b>9 WICASTA FARM ROAD</b>		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>KATHLEEN A. THOMPSON</b>			Director Name <b>WESTON E. THOMPSON</b>		
Street Address <b>9 WICASTA FARM ROAD</b>			Street Address <b>9 WICASTA FARM ROAD</b>		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>
Director Name <b>KIMBERLY J. TREAT</b>			Director Name		
Street Address <b>8 Cedarwood Lane</b>			Street Address		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	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/SERIES	PAR VALUE
		<b>1,000</b>		<b>CNP</b>	<b>\$0.0000</b>
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. <b>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.</b>					
Name of Authorized Representative <b>KATHLEEN A. THOMPSON</b>					Date <b>7/2/25</b>
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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