



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 19943 2. Name of Corporation Acands, Inc.

3. Street Address Principal Business Office 120 NORTH LIME STREET City LANCASTER State PA Zip 17602-

4. Business Phone No. 7173973631 5. State of Incorporation DELAWARE

6. Brief Description of the Character of Business Conducted in Rhode Island
SPECIALTY CONTRACTING

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>J. E. Hipolit</u>			Vice President Name		
Street Address <u>120 N. Lime St. P. O. Box 1268</u>			Street Address		
City <u>Lancaster</u>	State <u>Pa</u>	Zip <u>17608</u>	City	State	Zip
Secretary Name <u>KAY TODD</u>			Treasurer Name <u>VIVIAN SULLIVAN</u>		
Street Address <u>120 N. Lime St. P. O. Box 1268</u>			Street Address		
City <u>Lancaster</u>	State <u>Pa</u>	Zip <u>17608</u>	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>J. E. Hipolit</u>			Director Name		
Street Address <u>P. O. Box 1268</u>			Street Address		
City <u>Lancaster</u>	State <u>Pa</u>	Zip <u>17608</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE	100	1000	Common	100

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.



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19943 FBC 11/29/06 10:36:54 AM
File Date 2-5-09
Check No. 12083085
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 1/23/09
Print or Type Name of Officer KAY TODD
Title of Officer SEC/TREAS.