



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1651	2. Exact name of the Corporation AC HOLDINGS, INC.
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3. Principal Office Address 66 NEW MEADOW ROAD	City BARRINGTON	State RI	Zip 02806
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4. NAICS Code 92 - Public Administration	6. Brief description of the character of business conducted in Rhode Island PRODUCE, BUY, SELL AND OTHERWISE DEAL IN COFFEE, TEA, SYRUP AND RELATED PRODUCTS
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 RICHARD M. FIELD, JR.			Vice-President Name CYNTHIA F. WALL		
Street Address 1000 N. US HIGHWAY 1			Street Address 66 NEW MEADOW ROAD		
City JUPITER	State FL	Zip 33477	City BARRINGTON	State RI	Zip 02806
Secretary Name CYNTHIA F. WALL			Treasurer Name RICHARD M. FIELD, JR.		
Street Address 66 NEW MEADOW ROAD			Street Address 1000 N. US HIGHWAY 1		
City BARRINGTON	State RI	Zip 02806	City JUPITER	State FL	Zip 33477

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD F. FIELD, JR.			Director Name CYNTHIA F. WALL		
Street Address 1000 N. US HIGHWAY 1			Street Address 66 NEW MEADOW ROAD		
City JUPITER	State FL	Zip 33477	City BARRINGTON	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
	8,000	COMMON	\$1.00

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 CYNTHIA F. WALL, VICE PRESIDENT	Date 2/27, 2017
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Signature of Authorized Representative <i>Cynthia F. Wall</i>	 MAR 03 2017
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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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