



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000058520

2. Name of Corporation Alliance for Affordable Services

3. State of Incorporation

State: DC

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 130 E. JOHN CARPENTER FRWY
STE. 100

City or Town: IRVING State: TX Zip: 75062 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

MEMBER ORGANIZATION

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DR PAUL H PEVSNER	PO BOX 612547 DALLAS, TX 75261-2547 USA
TREASURER	TODD E HYATT	PO BOX 612547

		DALLAS, TX 75261-2547 USA
SECRETARY	TODD E HYATT	PO BOX 612547 DALLAS, TX 75261-2547 USA
ASSISTANT SECRETARY	LAINY DRUM	130 E. JOHN CARPENTER FRWY STE. 100 IRVING, TX 75062 USA
DIRECTOR	DANELL NIXON	PO BOX 612547 DALLAS, TX 75261-2547 USA
DIRECTOR	TODD E HYATT	PO BOX 612547 DALLAS, TX 75261-2547 USA
DIRECTOR	DR PAUL H PEVSNSER	PO BOX 612547 DALLAS, TX 75261-2547 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of February, 2022 at 9:00:10 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LAINY DRUM
Signature of Authorized Person

Form No. 631
Revised 09/07

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