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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.	2. Name of Corporation
105264	ALLERGY ALTERNATIVES, INC.

3. Street Address Principal Business Office	City	State	Zip
1 HALL STREET	WARWICK	RI	02818-

4. Business Phone No.	5. State of Incorporation
4018854574	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO CARRY ON AND CONDUCT A GENERAL REAL ESTATE INVESTMENT BUSINESS, TO PURCHASE, SELL AND LEASE REAL ESTATE

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

President Name	Vice President Name
Gary Blier	Kathleen Blier
Street Address	Street Address
1 Hall Street	1 Hall Street
City / State / Zip	City / State / Zip
Warwick / RI / 02818	Warwick / RI / 02818
Secretary Name	Treasurer Name
Gary Blier	Kathleen Blier
Street Address	Street Address
1473 Warwick Avenue	1473 Warwick Avenue
City / State / Zip	City / State / Zip
Warwick / RI / 02818	Warwick / RI / 02818

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

Director Name	Director Name
NONE AT THIS TIME	
Street Address	Street Address
City / State / Zip	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*
800 COMM NO PAR VALUE			100	COMMON	NO PAR

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.

[redacted] 1 0 5 2 6 4 [redacted]

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Check No. 6260
By: By
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20944-1-247042

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 3-13-08 *Date*

Gary Blier
Print or Type Name

[redacted] President
Title

Form 630 12/05