



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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 <b>132889</b>		2. Name of Corporation <b>ALLIANCE PROPERTY MANAGEMENT, INC.</b>			
3. Street Address Principal Business Office <b>1431 Boston Neck Road</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874</b>
4. Business Phone No <b>401-742-1162</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>to engage in and carry on a general contracting and property management business</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Jason S. Joubert</b>			Vice President Name <b>None</b>		
Street Address <b>1431 Boston Neck Road</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Secretary Name <b>Jason S. Joubert</b>			Treasurer Name <b>Jason S. Joubert</b>		
Street Address <b>1431 Boston Neck Road</b>			Street Address <b>1431 Boston Neck Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>North Kingstown</b>	State <b>Ri</b>	Zip <b>02874</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <b>100</b>	Class/Series <b>common</b>	Par Value <b>\$1 par value</b>

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.

File Date <b>FILED</b>
Check No. <b>FEB 28 2011</b>
By: <b>0097</b>
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.

*Jason S. Joubert*  
Signature

**2/25/11**  
Date

**Jason S. Joubert**

Print or Type Name

**President**

Title