STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
869988	ALEXACO, INC.

3. Principal office address	City	State	Zip
357 Putnam Pike	Smithfield	RI	02917

4. Business Phone No.	5. State of Incorporation
(401) 521-5259	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
Locks & Keys

2014 JUN 18 AM 10:50

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Lauren Greene	34 Briar Brooke Lane	Cranston	RI	02921

Vice-President Name	Street Address	City	State	Zip
Lauren Greene	34 Briar Brooke Lane	Cranston	RI	02921

Secretary Name	Street Address	City	State	Zip
Lauren Greene	34 Briar Brooke Lane	Cranston	RI	02921

Treasurer Name	Street Address	City	State	Zip
Lauren Greene	34 Briar Brooke Lane	Cranston	RI	02921

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
None				
None				

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	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.

File Date _____
Check No _____
By: _____

FILED
JUN 18 2014

FOR SECRETARY OF STATE USE ONLY By 226612 KM

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.

Lauren Greene — 6/14/14
Signature of Authorized Representative — Date

Lauren Greene
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012