



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. 792244		2. Exact name of the Corporation ALLIED REAL ESTATE SERVICES, INC.			
3. Principal office address P.O. Box 455, 519 Putnam Pike			City Harmony	State RI	Zip 02829
4. Business Phone No. 529-6387			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island buy, sell, building and develop real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher P. Clark			Vice-President Name		
Street Address 529 Putnam Pike			Street Address		
City Harmony	State RI	Zip 02829	City	State	Zip
Secretary Name Christopher P. Clark			Treasurer Name Christopher P. Clark		
Street Address 529 Putnam Pike			Street Address 529 Putnam Pike		
City Harmony	State RI	Zip 02829	City Harmony	State RI	Zip 02829
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
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			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	none

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 _____
FOR SECRETARY OF STATE USE ONLY
 BY _____

FILED
JUL 18 2014
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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 of Authorized Representative Christopher P. Clark Date 7/16/14
 Print or Type Name of Authorized Representative Christopher P. Clark