



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 2016

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. 1131		2. Exact name of the Corporation Alliance Mold & Machine, Inc.			
3. Principal office address 411 Chapel Street		City Harrisville	State RI	Zip 02830	
4. Business Phone No. (401) 568-3839		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in general machine shop.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard Caya		Vice-President Name Lori Caya			
Street Address 411 Chapel Street		Street Address 411 Chapel Street			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Richard Caya		Treasurer Name Lori Caya			
Street Address 411 Chapel Street		Street Address 411 Chapel Street			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard Caya		Director Name			
Street Address 411 Chapel Street		Street Address			
City Harrisville	State RI	Zip 02830	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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) <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100		.01	

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

Form No. 630
Revised: 01/2012

BY 14207

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.

FILED

FEB 04 2016

Signature of Authorized Representative

Date

Richard Caya, President

Print or Type Name of Authorized Representative