



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. 67784		2. Exact name of the Corporation Alliance Brokerage Group, Inc.			
3. Principal office address 831 Bald Hill Road			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-486 2911			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island The operation and management of a real estate brokerage agency					
President Name Michael Saccoccio			Vice-President Name Michael Saccoccio		
Street Address 831 Bald Hill Road			Street Address 831 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Michael Saccoccio			Treasurer Name Michael Saccoccio		
Street Address 831 Bald Hill Road			Street Address 831 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Michael Saccoccio			Director Name		
Street Address 831 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 500	CLASS/SERIES Common	PAR VALUE No Par Value

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.

FILED

FEB 29 2016

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

Date

Michael Saccoccio

Print or Type Name of Authorized Representative