



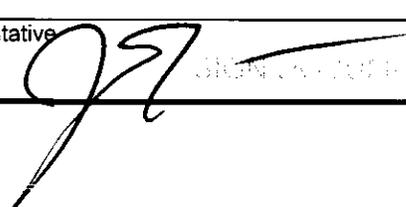
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 AUG 26 AM 9:27

1. Entity ID Number <b>107882</b>		2. Exact name of the Corporation <b>Alkco Verticals, Inc.</b>			
3. Principal Office Address <b>1638 Warwick Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. Business Phone Number <b>401-737-4917</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To solicit, market, sell, and install window treatments.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Harris B. Alkins</b>			Vice-President Name <b>David Desroches</b>		
Street Address <b>105 Red Barn Lane</b>			Street Address <b>1638 Warwick Avenue</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>Gerald Desroches</b>			Treasurer Name <b>Harris B. Alkins</b>		
Street Address <b>1638 Warwick Avenue</b>			Street Address <b>105 Red Barn Lane</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Harris B. Alkins</b>			Director Name		
Street Address <b>105 Red Barn Lane</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			None		
11. 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. <i>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.</i>					
Name of Authorized Representative <b>Harris B. Alkins, President</b>				Date <b>August 25, 2016</b>	
Signature of Authorized Representative 					

FILED 

AUG 26 2016

BY CM 282185

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov