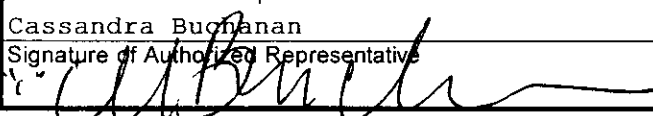


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

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

1. Entity ID Number 144825		2. Exact name of the Corporation ALC, Inc			
3. Principal Office Address 403 South Main Street		City Providence	State RI	Zip 02903-2914	
4. Business Phone Number 401-454-7546		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island To own, provide, dispense, and deal in the business of massage therapy					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Cassandra Buchanan			Vice-President Name		
Street Address 109 Wilson Avenue			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name Cassandra Buchanan			Treasurer Name		
Street Address 109 Wilson Avenue			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
8. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 Department of State. Changes require an additional filing.					
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES 1,000		CLASS/SERIES common		PAR VALUE no par	
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. <b>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.</b>					
Name of Authorized Representative Cassandra Buchanan				Date 1/26/17	
Signature of Authorized Representative 					

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

FILED

JAN 30 2017

BY 