



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 <b>761</b>		2. Exact name of the Corporation <b>ALMOR CORPORATION</b>												
3. Principal Office Address <b>7 HEMINGWAY DRIVE</b>		City <b>RIVERSIDE</b>		State <b>RI</b>	Zip <b>02915</b>									
4. NAICS Code <b>53 - Real Estate and Rental anc</b>	6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE RENTAL</b>													
5. State of Incorporation <b>RHODE ISLAND</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>ALFRED T. MORRIS, JR.</b>			Vice-President Name											
Street Address <b>945 WARREN AVENUE</b>			Street Address											
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip									
Secretary Name			Treasurer Name <b>ALFRED T. MORRIS, JR.</b>											
Street Address			Street Address <b>945 WARREN AVENUE</b>											
City	State	Zip	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</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			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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>200</b></td><td><b>COMMON</b></td><td><b>NO PAR VALUE</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>			
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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 <b>ALFRED T. MORRIS, JR.</b>					Date <b>3/1/17</b>									
Signature of Authorized Representative 														

FILED

MAR 06 2017

BY

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