



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2017
Corporation

2017 JUN -9 AM 10:08

- 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 <u>0 156817</u> | | 2. Exact name of the Corporation <u>Alternative Solutions, Inc.</u> | | | |
| 3. Principal Office Address <u>47 Woodhaven Blvd.</u> | | City <u>North Providence</u> | | State <u>RI</u> | Zip <u>02911</u> |
| 4. NAICS Code <u>42</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Beverage Wholesale</u> | | | |
| 5. State of Incorporation <u>RI</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>John A. DeFusco Jr.</u> | | | Vice-President Name | | |
| Street Address <u>47 Woodhaven Blvd.</u> | | | Street Address | | |
| City <u>North Providence</u> | State <u>RI</u> | Zip <u>02911</u> | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (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 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | <u>100</u> | | |
| | | | | | |
| | | | | | |
| 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. 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. | | | | | |
| Name of Authorized Representative <u>John A. DeFusco Jr.</u> | | | | | Date |
| Signature of Authorized Representative | | | | | |
| SIGN DOCUMENT HERE | | | | | |

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BY 90305607
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