



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

Annual Report for the year: 2012

Corporation

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

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BUS SVCS DIV

2017 JUN -9 AM 10:09

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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE	
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

FILED

10:10
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BY APB 305607