State of Rhode Island and Pro Department of State	vidence Plantations Business Ser	vices Division
	0047	

Annual Report for the year: 2017
Limited Liability Company

- -> Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number 2. Exact name of the Limited Liability Company								
001657040 ALPHA Works, LLC								
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island							
531390	REAL ESTATE HOLDING COMPANY				:			
5. State of Formation RI								
			Lo.	Taca	Ta.			
6. Principal Office Address			CITANISTON	State RI	Z ₁ p 02905			
2154 BROAD ST., REAR, UNIT D			CRANSTON	Ki	02905			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name AMIE PLANTE			Contact Title OWNER					
Street Address 2154 BROAD ST	Γ., REAR, UNI	T D	City CRANSTON	State RI	^{Zıp} 02905			
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name	u		Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Check the box to indicate an attachment								
9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642								
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 Person Date								
AMIE PLANTE 9/7/7								
Signature of Authorized Person SIGN DOCUMENT HERE								

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
SEP 18 2017 N