



State of Rhode Island and Providence Plantations

Department of State Business Services Division

Annual Report for the year:
Corporation

2018

STAMP

FOR
SECRETARY OF STATE
USE ONLY

- 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 Number 960343		2. Exact name of the Corporation Allied Development Group, Inc.												
3. Principal Office Address 166 South River Road Suite 220			City Bedford	State NH	Zip 03110									
4. NAICS Code 54 1214		6. Brief description of the character of business conducted in Rhode Island Staffing / Consulting / Payroll Services												
5. State of Incorporation NH														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name David Camell			Vice-President Name											
Street Address 71 Raven Drive			Street Address											
City Chester	State NH	Zip 03036	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
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Changes require an additional filing.														
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 DAVID CAMELL				Date 1/15/18										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										
				FILED										

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

JAN 18 2018
 BY **7418 DS** FORM 630 - Revised: 02/2017