



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

Annual Report for the year: 2018
 Corporation

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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|------------------------|
| 1. Entity ID: <u>910343</u> | | 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. Changes require an additional filing. | | NUMBER OF SHARES | | 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 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