



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
FOR
SECRETARY OF STATE
DATE ONLY
2018 FEB 27 AM 10:56

1. Entity ID Number 67784		2. Exact name of the Corporation Alliance Brokerage Group, Inc.			
3. Principal Office Address 83.1 Bald Hill Road			City Warwick	State RI	Zip 02886
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island The operation and management of a real estate brokerage agency.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Saccoccio			Vice-President Name Michael Saccoccio		
Street Address 831 Bald Hill Road			Street Address 831 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Michael Saccoccio			Treasurer Name Michael Saccoccio		
Street Address 831 Bald Hill Road			Street Address 831 Bald Hill Road		
City Warwick	State RI	Zip 02866	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael Saccoccio			Director Name		
Street Address 831 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	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 ☐		
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 Michael Saccoccio					Date 2/15/18
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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