State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV
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USE ONLY
2018 FEB 27 AM 10:56

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.

1. Entity ID Number	2. Exact name of the Corporation			
67784	**Alliance Brokerage Group, Inc.**			
3. Principal Office Address		City	State	Zip
83.1 Bald Hill Road		**Warwick**	**RI**	**02886**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531210	**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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	**Common**	**No 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: 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

FEB 27 2018
BY 325337

FORM 630 - Revised: 10/2017