



RI SOS Filing Number: 201985556140 Date: 1/28/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

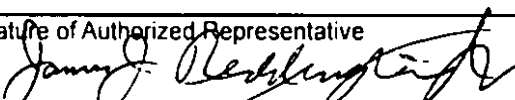
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP

JAN 28 2019

BY

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1. Entity ID Number 129933		2. Exact name of the Corporation ALPHA ASSOCIATES, LTD.			
3. Principal Office Address 35 ROCKY HOLLOW ROAD		City EAST GREENWICH		State RI	Zip 02818
4. NAICS Code 541360		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT LAND SURVEYS AND RELATED ACTIVITIES ON IMPROVED AND UNIMPROVED PARCELS OF REAL ESTATE.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES J. REDDINGTON, JR.			Vice-President Name MICHAEL MCCORMICK		
Street Address 17 MIA COURT			Street Address 35 ROCKY HOLLOW ROAD		
City WARWICK	State RI	Zip 02886	City EAST GREENWICH	State RI	Zip 02818
Secretary Name JAMES J. REDDINGTON, JR.			Treasurer Name JAMES J. REDDINGTON, JR.		
Street Address 17 MIA COURT			Street Address 17 MIA COURT		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES J. REDDINGTON, JR.			Director Name		
Street Address 17 MIA COURT			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 <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
		100	COMMON	NONE	
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 JAMES J. REDDINGTON, JR., PRESIDENT					Date 01/17/2019
Signature of Authorized Representative 					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

FORM 630 - Revised: 10/2017