



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

Annual Report for the year: 2019
Corporation

S...P

- 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 45536		2. Exact name of the Corporation Alpha Systems, Inc.			
3. Principal Office Address 20 Lincoln Drive			City North Smithfield	State RI	Zip 02896
4. NAICS Code 23-Construction 236118		6. Brief description of the character of business conducted in Rhode Island Install and maintain Security and Alarm Systems			
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 John M. Iadarola			Vico-President Name N/A		
Street Address 20 Lincoln Drive			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Jacqueline C. Iadarola			Treasurer Name		
Street Address 20 Lincoln Drive			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John M. Iadarola			Director Name Jacqueline C. Iadarola		
Street Address 20 Lincoln Drive			Street Address 20 Lincoln Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		NUM	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		100	SIGN HERE	0	
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 Jacqueline C. Iadarola John M. IADAROLA				Date 2/15/19	
Signature of Authorized Representative <i>Jacqueline C. Iadarola</i>				SIGN DOCUMENT HERE John M. Iadarola, PRES.	

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

FILED

FEB 21 2019

FORM 630 - Revised: 10/2017

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