



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

SEP 03 2019

STAMP

1646

1. Entity ID Number 702		2. Exact name of the Corporation ALLIANCE FINANCE CORPORATION OF RI			
3. Principal Office Address 245 WARREN AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 522291	6. Brief description of the character of business conducted in Rhode Island FINANCE CORPORATION - INACTIVE				
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 HENRY C ROSE			Vice-President Name		
Street Address 110 SWEETBRIAR DRIVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name THOMAS ROSE			Treasurer Name		
Street Address 245 WARREN AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1376	CLASS/SERIES COMMON	PAR VALUE 25.00
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 Henry C. Rose				Date 8/28/19	
Signature of Authorized Representative Henry C. Rose				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