

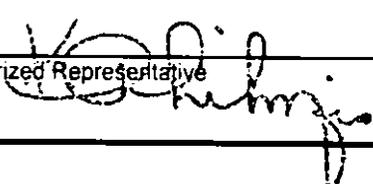


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
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
 STATE
 R.I. DEPT. OF STATE
 BUSINESS SVCS. DIV.
 2020 FEB - 3 PM 12:11

1. Entity ID Number 638733		2. Exact name of the Corporation THE ALPHA GROUP, INC.			
3. Principal Office Address 61 EAST MAIN STREET			City NORTON	State MA	Zip 02766
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island STAFFING AGENCY			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KARIN LIHZIS			Vice-President Name		
Street Address 58 PUNKHORN POINT RD			Street Address		
City MASHPEE	State MA	Zip 02649	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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			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		PAR VALUE
			100		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 KARIN LIHZIS				Date 1/31/20	
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

FILED ✓
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