



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**

FEB 26 2020

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1591

## Annual Report for the year:

## 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 00147271		2. Exact name of the Corporation ALLIE'S INKWELL CO.												
3. Principal Office Address 48 Parkway Avenue Cranston RI 02905-3313			City Cranston		State RI									
			Zip 02905-3313											
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Provides business writing services on a consulting basis												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name ALICIA A CONDON			Vice-President Name NONE											
Street Address 48 PARKWAY AVE			Street Address NONE											
City CRANSTON	State RI	Zip 02905-3313	City NONE	State NONE	Zip NONE									
Secretary Name NONE			Treasurer Name NONE											
Street Address NONE			Street Address NONE											
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name ALICIA A CONDON			Director Name NONE											
Street Address 48 PARKWAY AVE			Street Address NONE											
City CRANSTON	State RI	Zip 02905-3313	City NONE	State NONE	Zip NONE									
Director Name NONE			Director Name NONE											
Street Address NONE			Street Address NONE											
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0 - NONE</td> <td>N/A</td> <td>NONE</td> </tr> <tr> <td>NONE</td> <td>NONE</td> <td>NONE</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0 - NONE	N/A	NONE	NONE	NONE	NONE
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		0 - NONE	N/A	NONE										
NONE	NONE	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. <b>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.</b>														
Name of Authorized Representative ALICIA A CONDON				Date FEBRUARY 23, 2020										
Signature of Authorized Representative 														