



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.

FILED

MAR 05 2020

TV

1. Entity ID Number 55186		2. Exact name of the Corporation DIGITAL ALTERNATIVES, INC.			
3. Principal Office Address 261 NEWMAN AVENUE, PO BOX 'D'			City RUMFORD	State RI	Zip 02916
4. NAICS Code 341511		6. Brief description of the character of business conducted in Rhode Island To provide computer systems analysis, software consultation and related services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name W. CHARLES DOHERTY			Vice-President Name BENJAMIN DOHERTY		
Street Address 261 NEWMAN AVENUE			Street Address 145 BATH STREET		
City RUMFORD	State RI	Zip 02916	City PROVIDENCE	State RI	Zip 02908
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 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 50	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 W. CHARLES DOHERTY				Date 2-28-2020	
Signature of Authorized Representative 					

MAIL TO:
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