RI SOS Filing Number: 202037681760 Date: 4/16/2020 4:00:00 PM

State of Rhode Islan Department o			Division		_		
Annual Report for the year: 2020 Corporation						ξ , ,	
→ Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25		ot filed by April 1.					
1. Entity ID Number 1681903		2. Exact name of the Corporation ALC Building Company, Inc.					
3. Principal Office Address 150 Beachwood Drive			City East Green		State RI	Zip 02818	
4. NAICS Code	6. Brief desc	cription of the chara	cter of business of	conducted in Rhoo	de Island		
53139 🗘	Real estate	Real estate holding company					
5. State of Incorporation Rhode Island		•	•				
7 List ALL officers (names ar	nd addresses)		-	Che	eck the box to ind	icate an attachmen	
President Name Armand Cortellesso			Vice-President Name None				
Street Address 150 Beachwoo	Street Address						
City East Greenwich	State RI	Zip 02818	City		State	Zip	
Secretary Name Armand Cort	ellesso	<u> </u>	Treasurer Nar	ne Armand Corte	ellesso	I	
Street Address 150 Beachwood			Street Address		•	 .	
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	Zip 02818	
8. List ALL directors (names a	and addresses)			Che	eck the box to ind	icate an attachmen	
Director Name None			Director Name		<u> </u>		
Street Address			Street Address	<u> </u>			
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address		· · · · · ·	Street Address	;			
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Is	sued	Che	ck the box to ind	icate an attachmen	
This information is currently of record in the Department of State. Changes require an additional filing.		NU VOER OF SHARES		CLASS/SERIES PAR VALUE Common \$.01			
						\$.01 	

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

Armand Cortellesso

Signature of Authorized Representative

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 1 6 2020 4 EX YY

FORM 630 - Revised: 10/2017