RI SOS Filing Number: 202064386830 Date: 10/13/2020 4:00:00 PM

State of Rhode Island

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
OCT 13 2020
128

1. Entity ID Number	2. Exact name of the Corporation
000793176	ALE INC

3. Principal Office Address	City	State	Zip
217 ELMWOOD AVENUE	PROVIDENCE	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
481111	TRAVEL AGENCY SERVICES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ELIZABETH L. GONZALES	LUIS A. PEREZ
Street Address: 22 SCRANTON AVENUE	Street Address: 22 SCRANTON AVENUE
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888
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 ☐

Director Name	Director Name
N/A	
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	STK	$ 0.0100

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	Date
ELIZABETH L GONZALES	OCT 3, 2020

Signature of Authorized Representative

X

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: 08/2020