



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67784		2. Name of Corporation Alliance Brokerage Group, Inc.			
3. Street Address Principal Business Office 15 Firethorn Lane		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. (401) 942-1900		5. State of Incorporation RHODE ISLAND			6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION AND MANAGEMENT OF A REAL ESTATE BROKERAGE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Saccoccio			Vice President Name Deborah Saccoccio		
Street Address 15 Firethorn Lane			Street Address 15 Firethorn Lane		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Deborah Saccoccio			Treasurer Name Michael Saccoccio		
Street Address 15 Firethorn Lane			Street Address 15 Firethorn Lane		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Saccoccio			Director Name Deborah Saccoccio		
Street Address 15 Firethorn Lane			Street Address 15 Firethorn Lane		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			500	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 7 7 8 4

\*67784 DBC 05/10/05 09:53:41 AM\*

File Date 6-1-05

Check No. 1547

By: OC

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer  
Michael Saccoccio

Date

5/10/05

Print or Type Name of Officer  
President

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67784		2. Name of Corporation Alliance Brokerage Group, Inc.			
3. Street Address Principal Business Office 875 OAKLAWN AVENUE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 4019469700		5. State of Incorporation RHODE ISLAND		6. SIC Code 5520	
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION AND MANAGEMENT OF A REAL ESTATE BROKERAGE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Saccoccio		Vice President Name Deborah Saccoccio			
Street Address 875 OAKLAWN AVENUE		Street Address 875 OAKLAWN AVENUE			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Deborah Saccoccio		Treasurer Name Michael Saccoccio			
Street Address 875 OAKLAWN AVENUE		Street Address 875 OAKLAWN AVENUE			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Saccoccio		Director Name Deborah Saccoccio			
Street Address 875 OAKLAWN AVENUE		Street Address 875 OAKLAWN AVENUE			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			500	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 7 7 8 4

\*67784 DBC 01/07/04 03:19:07 PM\*

File Date 2-23-04

Check No. 1376

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer  
Michael Saccoccio

Date 2/15/04

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *67784*		2. Name of Corporation Alliance Brokerage Group, Inc.			
3. Street Address Principal Business Office 1255 OAKLAWN AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4019469700		5. State of Incorporation RHODE ISLAND			6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION AND MANAGEMENT OF A REAL ESTATE BROKERAGE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Saccoccio			Vice President Name Deborah Saccoccio		
Street Address 1255 Oaklawn Avenue			Street Address 1255 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Deborah Saccoccio			Treasurer Name Michael Saccoccio		
Street Address 1255 Oaklawn Avenue			Street Address 1255 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Saccoccio			Director Name Deborah Saccoccio		
Street Address 1255 Oaklawn Avenue			Street Address 1255 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			500	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*67784 DBC1/9/032:40:15 PM\*

File Date 1-30-03

Check No. 1106

By: UP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 1/21/03  
Michael Saccoccio  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

67784

2. Name of Corporation

Alliance Brokerage Group, Inc.

3. Street Address Principal Business Office

1255 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

(401) 946-9700

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation and management of a real estate brokerage agency

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael Saccoccio

Vice President Name

Deborah Saccoccio

Street Address

1255 Oaklawn Avenue

Street Address

1255 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Secretary Name

Deborah Saccoccio

Treasurer Name

Michael Saccoccio

Street Address

1255 Oaklawn Avenue

Street Address

1255 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Michael Saccoccio

Director Name

Deborah Saccoccio

Street Address

1255 Oaklawn Avenue

Street Address

1255 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Director Name

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 7 7 8 4 \*

2-15-02

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Michael Saccoccio

Date

2/7/2002

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **67784** 2. Name of Corporation **Alliance Brokerage Group, Inc.**

3. Street Address Principal Business Office

**1255 Oaklawn Avenue**

City

**Cranston**

State

**RI**

Zip

**02920**

4. Business Phone No.

**(401) 946-9700**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**5520**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Operation and management of a real estate brokerage agency**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Michael Saccoccio**

Vice President Name

**Deborah Saccoccio**

Street Address

**1255 Oaklawn Avenue**

Street Address

**1255 Oaklawn Avenue**

City

**Cranston**

State

**RI**

Zip  
**02920**

City

**Cranston**

State

**RI**

Zip  
**02920**

Secretary Name

**Deborah Saccoccio**

Treasurer Name

**Michael Saccoccio**

Street Address

**1255 Oaklawn Avenue**

Street Address

**1255 Oaklawn Avenue**

City

**Cranston**

State

**RI**

Zip  
**02920**

City

**Cranston**

State

**RI**

Zip  
**02920**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**Michael Saccoccio**

Director Name

**Deborah Saccoccio**

Street Address

**1255 Oaklawn Avenue**

Street Address

**1255 Oaklawn Avenue**

City

**Cranston**

State

**RI**

Zip  
**02920**

City

**Cranston**

State

**RI**

Zip  
**02920**

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**2,000 SHS NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**500**

**Common**

**No ParValue**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 7 7 8 4 \*

File Date:

**3-30-01**

Check No.:

**824**

By:

**Michael Saccoccio**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

**Michael Saccoccio**

Print or Type Name of Officer

**President**

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>67784</b>		2. Name of Corporation <b>Alliance Brokerage Group, Inc.</b>	
3. Street Address Principal Business Office <b>76 Deerfield Road</b>		City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
4. Business Phone No. <b>(401) 946-9700</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>5520</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>Operation and management of a real estate brokerage agency</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Michael Saccoccio</b>		Vice President Name <b>Deborah Saccoccio</b>	
Street Address <b>76 Deerfield Road</b>		Street Address <b>76 Deerfield Road</b>	
City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Deborah Saccoccio</b>		Treasurer Name <b>Michael Saccoccio</b>	
Street Address <b>76 Deerfield Road</b>		Street Address <b>76 Deerfield Road</b>	
City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Michael Saccoccio</b>		Director Name <b>Deborah Saccoccio</b>	
Street Address <b>76 Deerfield Road</b>		Street Address <b>76 Deerfield Road</b>	
City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>2,000 SHS NO PAR VALUE</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>500</b>	<b>Common</b>	<b>No Par Value</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 7 7 8 4 \*

3/9/00

File Date: \_\_\_\_\_

Check No.: **4215**

By: **[Signature]**

For SECRETARY OF STATE USE ONLY

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.

**[Signature]** Date **2/18/2000**

**Michael Saccoccio**  
Print or Type Name of Officer

**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

67784

2. Name of Corporation

Alliance Brokerage Group, Inc.

3. Street Address Principal Business Office

76 Deerfield Road

4. Business Phone No.

(401) 946-9700

5. State of Incorporation

RHODE ISLAND

City

Cranston

State

RI

Zip

02920

6. SIC Code  
5520

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation and management of a real estate brokerage agency

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael Saccoccio

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

Secretary Name

Deborah Saccoccio

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

Vice President Name

Deborah Saccoccio

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

Treasurer Name

Michael Saccoccio

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Michael Saccoccio

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

Director Name

Deborah Saccoccio

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 7 7 8 4 \*

File Date: 10/10/99

Check No.: 3643

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Michael Saccoccio

Print or Type Name of Officer

President

Title of Officer

Date

1/30/99

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

2. Name of Corporation

67784

Alliance Brokerage Group, Inc.

3. Street Address Principal Business Office

76 Deerfield Road

City

State

Zip

Cranston

RI

02920

4. Business Phone No.

946-9700

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation and managment of a real estate brokerage agency

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Michael Saccoccio

Vice President Name

Deborah Saccoccio

Street Address

76 Deerfield Road

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Secretary Name

Deborah Saccoccio

Treasurer Name

Michael Saccoccio

Street Address

76 Deerfield Road

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Michael Saccoccio

Director Name

Deborah Saccoccio

Street Address

76 Deerfield Road

Street Address

76 Deerfield Road

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 7 7 8 4 \*

File Date: 3/9/98

Check No.: 3255

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Michael Saccoccio

Print or Type Name of Officer

President

Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

67784

2. Name of Corporation

Alliance Brokerage Group, Inc.

3. Street Address Principal Business Office

9 Geneva Street

4. Business Phone No.

946-9700

City

Pawtucket

State

RI

Zip

02860

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation and management of a real estate brokerage agency.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Michael Saccoccio

Street Address

9 Geneva Street

City

State

Zip

Pawtucket

RI

02860

Secretary Name

Deborah Saccoccio

Street Address

9 Geneva Street

City

State

Zip

Pawtucket

RI

02860

Vice President Name

Deborah Saccoccio

Street Address

9 Geneva Street

City

State

Zip

Pawtucket

RI

02860

Treasurer Name

Michael Saccoccio

Street Address

9 Geneva Street

City

State

Zip

Pawtucket

RI

02860

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Michael Saccoccio

Street Address

9 Geneva Street

City

State

Zip

Pawtucket

RI

02860

Director Name

Deborah Saccoccio

Street Address

9 Geneva Street

City

State

Zip

Pawtucket

RI

02860

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 7 7 8 4 \*

File Date: 6/11/97

Check No.: 3991

By: GAP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Michael Saccoccio

Print or Type Name of Officer

President

Title of Officer

2/3/97

Date

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>67784</b>	2. NAME OF CORPORATION <b>Alliance Brokerage Group, Inc.</b>		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>9 Geneva Street</b>	CITY <b>Pawtucket</b>	STATE <b>RI</b>	ZIP CODE <b>02860</b>
4. BUSINESS PHONE NO. <b>946-9700</b>	5. STATE OF INCORPORATION <b>RHODE ISLAND</b>		6. SIC CODE <b>5520</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>Operation and management of a real estate brokerage agency</b>			

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME <b>Michael Saccoccio</b>			VICE PRESIDENT NAME <b>Deborah Saccoccio</b>		
STREET ADDRESS <b>9 Geneva Street</b>			STREET ADDRESS <b>9 Geneva Street</b>		
CITY <b>Pawtucket</b>	STATE <b>RI</b>	ZIP CODE <b>02860</b>	CITY <b>Pawtucket</b>	STATE <b>RI</b>	ZIP CODE <b>02860</b>
SECRETARY NAME <b>Deborah Saccoccio</b>			TREASURER NAME <b>Michael Saccoccio</b>		
STREET ADDRESS <b>9 Geneva Street</b>			STREET ADDRESS <b>9 Geneva Street</b>		
CITY <b>Pawtucket</b>	STATE <b>RI</b>	ZIP CODE <b>02860</b>	CITY <b>Pawtucket</b>	STATE <b>RI</b>	ZIP CODE <b>02860</b>

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <b>Michael Saccoccio</b>			DIRECTOR NAME <b>Deborah Saccoccio</b>		
STREET ADDRESS <b>9 Geneva Street</b>			STREET ADDRESS <b>9 Geneva Street</b>		
CITY <b>Pawtucket</b>	STATE <b>RI</b>	ZIP CODE <b>02860</b>	CITY <b>Pawtucket</b>	STATE <b>RI</b>	ZIP CODE <b>02860</b>
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS NO PAR VALUE			500	Common	No Par Value

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: **3/22/96**

Check No: **2499**

By: **[Signature]**  
For Secretary of State Use Only

Signature of Officer

**Michael Saccoccio**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

**3/28/96**  
Date

**ANNUAL REPORT**

Please Type or Print  
File Annually -- Jan. 1 - March 1  
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0067784

Annual Report for the year: 1995

Name of Corporation: Alliance Brokerage Group, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:  
N/A

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
647 Oaklawn Avenue  
Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island:  
**operation and management of a real estate brokerage agency**

Phone: (401) 946-9700

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Michael Saccoccio	647 Oaklawn Avenue	Cranston, RI	02920
VICE PRESIDENT Deborah Saccoccio	647 Oaklawn Avenue	Cranston, RI	02920
SECRETARY Deborah Saccoccio	647 Oaklawn Avenue	Cranston, RI	02920
TREASURER Michael Saccoccio	647 Oaklawn Avenue	Cranston, RI	02920

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael Saccoccio	647 Oaklawn Avenue	Cranston, RI	02920
Deborah Saccoccio	647 Oaklawn Avenue	Cranston, RI	02920

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
2000	common/no par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
500	common/no par value

Date 2/3, 1995

By:

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MAL A. SALVADORE, ESQ.  
400 RESERVOIR AVENUE, SUITE 3G  
PROVIDENCE RI 00000

**FILED**

**FEB 8 1995**

By CC 2082

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401 277-3040

1715  
\$50.00

File Annually  
LLC: Sept 1 - Nov 1  
CORP: Jan 1 - March 1

Corporate ID: 0057764 Annual Report for the year: 1994

Name of Business Entity: Alliance Brokerage Group, Inc.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:  
N/A

Phone: [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

9 Geneva Street  
Pawtucket, RI 02860

Phone: (401) 946-9700

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Mal A. Salvatore  
400 Reservoir Avenue, Suite 3G  
Providence, Rhode Island 02907

Brief statement of the character of business conducted in Rhode Island:

operation and management of a real  
estate brokerage agency

Date of Organization: 4/16/92

Date of Qualification to do business in Rhode Island (if foreign entity):  
N/A

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> PRESIDENT (if applicable) <u>Michael Saccoccio</u>	<u>9 Geneva Street</u>	<u>Pawtucket, RI</u>	<u>02860</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER <input checked="" type="checkbox"/> VICE PRESIDENT (if applicable) <u>Deborah Saccoccio</u>	<u>9 Geneva Street</u>	<u>Pawtucket, RI</u>	<u>02860</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER <input checked="" type="checkbox"/> SECRETARY (if applicable) <u>Deborah Saccoccio</u>	<u>9 Geneva Street</u>	<u>Pawtucket, RI</u>	<u>02860</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER <input checked="" type="checkbox"/> TREASURER (if applicable) <u>Michael Saccoccio</u>	<u>9 Geneva Street</u>	<u>Pawtucket, RI</u>	<u>02860</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Michael Saccoccio</u>	<u>9 Geneva Street</u>	<u>Pawtucket, RI</u>	<u>02860</u>
<u>Deborah Saccoccio</u>	<u>9 Geneva Street</u>	<u>Pawtucket, RI</u>	<u>02860</u>

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER: 2000

CLASS: Common

SERIES:

PAR VALUE OR WITHOUT PAR: No Par Value

Date: 4/20 1994

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER: 500

CLASS: Common

SERIES:

PAR VALUE OR WITHOUT PAR: No Par Value

By: [Signature]

PRINT OR TYPE NAME OF OFFICER SIGNING: Michael Saccoccio

TITLE OF OFFICER SIGNING: President

Form 31 - 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

MAL A. SALVADORE, ESQ.  
400 RESERVOIR AVENUE, SUITE 3G  
PROVIDENCE RI 00000

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

126/none

Corporate ID 0057784 Annual Report for the year 1993

FIRST: The name of the corporation is Alliance Brokerage Group, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operation and management of a real estate brokerage agency

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 400 Reservoir Avenue, Suite 3G, Providence, RI 02907

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michael Saccoccio	Director	9 Geneva Street, Pawtucket, RI 02860
Deborah Saccoccio	Director	" "
	Director	
Michael Saccoccio	President	" "
Deborah Saccoccio	Vice President	" "
Deborah Saccoccio	Secretary	" "
Michael Saccoccio	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	common	- PAID	No Par Value

EIGHTH: Number of Shares issued:

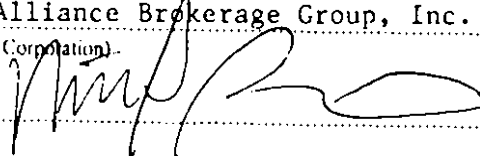
No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	common	MAR 15 1993	No Par Value

Dated 2/15 19 93

Alliance Brokerage Group, Inc.

(Name of Corporation)

By



Title President

(Report must be signed by an officer)