



State of Rhode Island

Department of State - Business Services Division

FILED

JAN 25 2021

BY

13600

Annual Report for the year: 2021

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 45536		2. Exact name of the Corporation Alpha Systems, Inc.			
3. Principal Office Address P.O. Box 447			City Woonsocket		State RI
			Zip 02895		
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Install and maintain Security and Alarm Systems			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John M. Iadarola			Vice-President Name N/A		
Street Address P.O. Box 447			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Jacqueline C. Iadarola			Treasurer Name N/A		
Street Address P.O. Box 447			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John M. Iadarola			Director Name Jacqueline C. Iadarola		
Street Address P.O. Box 447			Street Address P.O. Box 447		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		
Changes require an additional filing.					
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 John M. Iadarola					Date January 16, 2021
Signature of Authorized Representative <i>John M. Iadarola ji</i>					

MAIL TO:

Division of Business Services

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