



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: March 1, 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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 FEB 26 PM 12:58

1. Entity ID Number 001695899		2. Exact name of the Corporation Alpha Aero Draperies Inc			
3. Principal Office Address 170 Flanders Rd.			City Niantic	State CT.	Zip 06357
4. NAICS Code 7880 442291		6. Brief description of the character of business conducted in Rhode Island Custom Window Treatments-Blinds, Shades, Drapaeries, Rods, motorized shades and blinds etc:			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda Bruckner			Vice-President Name Al Bruckner		
Street Address 5 Stanton St.			Street Address 5 Stanton St.		
City Waterford	State CT.	Zip 06385	City Waterford	State CT.	Zip 06385
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 Al Bruckner			Director Name		
Street Address 5 Stanton St.			Street Address		
City Waterford	State CT.	Zip 06385	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. CT Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			125.00	STK	.00
			25.00	STK	.00
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 Linda Bruckner					Date 2/25/2021
Signature of Authorized Representative <i>Linda Bruckner</i>					

FILED

FEB 26 2021

BY *Al J9J7V*
12:58

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