



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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2021 FEB 26 P 2:06

1. Entity ID Number 932615		2. Exact name of the Corporation Ally Marketing, Inc.												
3. Principal Office Address 655 Mendon Road, Suite 2D			City Cumberland	State RI	Zip 02864									
4. NAICS Code 541613	6. Brief description of the character of business conducted in Rhode Island Marketing Consulting Services													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Keith Marshall			Vice-President Name Joseph J. Samra III											
Street Address 655 Mendon Road, Suite 1A			Street Address 655 Mendon Road, Suite 1A											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
Secretary Name Joseph J. Samra III			Treasurer Name Joseph J. Samra III											
Street Address 655 Mendon Road, Suite 1A			Street Address 655 Mendon Road, Suite 1A											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		.01			
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1000		.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 Keith Marshall				Date 1/12/21										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017