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.

STAMP
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R.I. DEPT. OF STATE
BUS SVCS DIV.
FOR STATE USE ONLY
2021 FEB 26 P 2:06

1. Entity ID Number	2. Exact name of the Corporation		
932615	Ally Marketing, Inc.		
3. Principal Office Address	City	State	Zip
655 Mendon Road, Suite 2D	Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541613	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	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.	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	Date
Keith Marshall	1/12/21

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED

FEB 26 2021

BY On 3327 2:06

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: 10/2017