Date: 1/6/2023 4:00:00 PM RI SOS Filing Number: 202325839550



State of Rhode Island

## **Department of State - Business Services Division**

Annual	Report	for	the	year:
Corpora	ation			

2023

RECEIVED R.I. DERT, OF STAIL BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

2023 JAH - 5 PM 1-10

1. Entity ID Number 1675989 3. Principal Office Addr 22 First Stree 4. NAICS Code 339910 5. State of Incorporation RI 7. List ALL officers (natheresident Name Edward N. Di Street Address 22 First Stree City East Provider Secretary Name Edward N. Di Street Address 22 First Stree City City City City City City City City	mes and addresseCristofaro	Alcee, Inc. Brief descript to manufac		City East Proter of business of giftware and Vice-President Edward Street Address 22 Firs	t Name d N. DeCristofaro	ırpose	Zip 02914-0000			
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President Name Edward N. D. Street Address 22 First Street City East Provider Secretary Name Edward N. D. Street Address 22 First Street	eCristofaro  t nce Sta	ite		Street Address 22 Firs	t Name d N. DeCristofaro	he box to indicat	le an attachment 🗖			
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East Provider Secretary Name Edward N. D Street Address 22 First Street	eCristofaro			City	Street Address 22 First Street					
Secretary Name Edward N. D Street Address 22 First Street	eCristofaro				City East Providence		Zıp 02914-			
Street Address 22 First Stree	et				East Providence RI 02914- Treasurer Name Edward N. DeCristofaro					
				Street Address	Street Address 22 First Street					
East Provider		nte RI	Zip 02914-	City East Pr	rovidence	State RI	Zip 02914-			
8. List ALL directors (n	ames and addre	sses)	<u> </u>	<u> </u>	Check t	he box to indica	te an attachment			
Director Name Edward N. D	eCristofaro			Director Name none	Director Name none					
Street Address 22 First Stree	22 First Street			Street Address none	Street Address none					
City East Provide	nce	ite RI	Zip 02914-	City none	-	State none	Z <sub>IP</sub> none			
Director Name none				Director Name none						
Street Address none			Street Address none							
City none	Sta	nte none	Z <sub>ip</sub> none	City none	•	State	Z <sub>I</sub> p none			
9. Shares Authorized 10. Share			10. Shares Iss	Ssued Check the box to indicate an attachment						
This information is currently of record in the		NUMBER O	FSHARES	CLASS/SERIES	<u> </u>	PAR VALUE				
Department of State.  Changes require an additional filling.		60		Common		No Par				
<ol> <li>This report must be trustee, this report must</li> </ol>						ration is in the ha	ands of a receiver or			
Under penalty of perj statements, and that					ncluding any accom	panying sched	ules and			
Name of Authorized Representative						Date				
Edward N. DeCristofaro President				ident		January 2,	. 2023			
Signature of Authorize	d Representative	3	>		FILED					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 06 2023

FORM 630 - Revised: 11/2021