



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -6 PM 1:48

ST. J. P.

1. Entity ID Number 1675989		2. Exact name of the Corporation Alcee, Inc.			
3. Principal Office Address 22 First Street			City East Providence	State RI	Zip 02914-0000
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island to manufacture jewelry and giftware and any other lawful purpose			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward N. DeCristofaro			Vice-President Name Edward N. DeCristofaro		
Street Address 22 First Street			Street Address 22 First Street		
City East Providence	State RI	Zip 02864-	City East Providence	State RI	Zip 02914-
Secretary Name Edward N. DeCristofaro			Treasurer Name Edward N. DeCristofaro		
Street Address 22 First Street			Street Address 22 First Street		
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward N. DeCristofaro			Director Name none		
Street Address 22 First Street			Street Address none		
City East Providence	State RI	Zip 02914-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			60	Common	No Par
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 Edward N. DeCristofaro President				Date January 2, 2023	
Signature of Authorized Representative					

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

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