



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
 APR 06 2023
 FOR
 BY 7031 *es*

1. Entity ID Number 001697215		2. Exact name of the Corporation Alliance All Trades, Inc.			
3. Principal Office Address 401 McMahon Drive			City Thomaston	State CT	Zip 06787
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC Contracting			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Breia Pinette			Vice-President Name Michael Pinette		
Street Address 758 Hill Road			Street Address 758 Hill Road		
City Harwinton	State CT	Zip 06791	City Harwinton	State CT	Zip 06791
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			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 <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	
		5,000.00	CNP	\$0.00	
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. <i>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.</i>					
Name of Authorized Representative Breia Pinette				Date 1/27/23	
Signature of Authorized Representative <i>Breia Pinette</i>					

MAIL TO:
 Division of Business Services
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