



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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U.S. F.O.A.

2023 APR 20 P 2:44

1. Entity ID Number <b>932615</b>		2. Exact name of the Corporation <b>Ally Marketing, Inc.</b>												
3. Principal Office Address <b>655 Mendon Road, Suite 2D</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>									
4. NAICS Code <b>541613</b>		6. Brief description of the character of business conducted in Rhode Island <b>Marketing consulting services</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Keith Marshall</b>			Vice-President Name <b>Joseph J. Samra III</b>											
Street Address <b>655 Mendon Road, Suite 1A</b>			Street Address <b>655 Mendon Road, Suite 1A</b>											
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>									
Secretary Name <b>Joseph J. Samra III</b>			Treasurer Name <b>Joseph J. Samra III</b>											
Street Address <b>655 Mendon Road, Suite 1A</b>			Street Address <b>655 Mendon Road, Suite 1A</b>											
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<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			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Keith Marshall</b>				Date <b>4/17/23</b>										
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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