



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. **2023 APR 20 P 2:44**RECEIVED
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1. Entity ID Number 932615		2. Exact name of the Corporation Ally Marketing, Inc.			
3. Principal Office Address 655 Mendon Road, Suite 2D			City Cumberland	State RI	Zip 02864
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island Marketing consulting services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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.					
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 Keith Marshall					Date 4/17/23
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAPR 20 2023
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