State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
7636 (401) 222-3040
Foreign Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 000805508
2. Name of Corporation PARTNERS ALLIANCE CORPORATION
3. Street Address Principal Business Office:
No. and Street: 13029 DANIELSON ST, STE 205
City or Town: <u>POWAY</u> State: <u>CA</u> Zip: <u>92064</u> Country: <u>USA</u>
4. Business Phone No.
<u>8583915670</u>
5. State of Incorporation
State: <u>CA</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>524210</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
ADMINISTRATION OF CREDIT INSURANCE AND PROPERTY & CASUALTY PRODUCTS
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	JASON FLETCHER	13029 DANIELSON ST STE 205 POWAY, CA 92064-8811 USA	
VICE PRESIDENT	KYLE FLETCHER	13029 DANIELSON ST, STE 205 POWAY, CA 92064 USA	
DIRECTOR	MICHAEL SHERMAN	31111 AGOURA ROAD SUITE 225 WESTLAKE VILLAGE, CA 91361 USA	

8. Shares Authorized and Issued

				Total Issued
Class of Stock	Series of Stock	Par Value Per		and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
CNP		\$0.0000	50,000.00	10000
PNP		\$0.0000	50,000.00	10000

9. 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.

Signed this 23 Day of January, 2024 at 10:51:27 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KATIE BAKER

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved