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Corporation

State of Rhode Island

Annual Report for the year:

Department of State - Business Services Division

→ Filing period February 1 - Mi → Filing Fee \$50.00 → Penalty Additional \$25.00 fee	BY								
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· . — . — . — .	2. Exact name	of t	he Corporation						_
r/7/0307 =	<u> ALLIANCI</u>	Ε	AMERICA COR	₹ <u>P</u>					
3 "Principal Office Address"		City State Zip					_		
8725 PENCERY PI		UNIV	<u>ERSITY PARK</u>	ITY PARK FL 34201					
4 NAICS Code	6 Bnef descript	ion	of the character of but	siness condu	icted in Rhode Island				
524210	4								
5 State of incorporation									
DE	INSURANC	<u>]E</u>	PRODUCTS					_	
7. List ALL officers (names and	addresses)			,	Ch	eck the box	lo indica	ite an attachment	1
President Name		Vice-President Name							
RICHARD FOLLETT	<u> </u>								
Street Address		Street Address							
15304 RELMSDATE	State Zip								
LAKEWOOD RANCH	1	1 '	•	Cey		State	- 1	Zmp	
Secretary Name] FL	<u> </u>	34240	T	No.	⊥			_
		Treasurer Name							
Street Address				Street Address					
City	State	Zı	p	Cry		State	- 7	Zip	_
8 List ALL directors (names and	1 addresses)	_		1		1			т
Director Name	Check the box to indicate an attachment Director Name								
				D					
Street Address				Street Address					
City	State Zip		<u> </u>	Cry		State		Zφ	
Director Name				Director Name					
Street Address				Street Address					
City	State	Z¢	,	City		State		Zø	
9. Shares Authorized			10 Shares Issued C			Check the box to indicate an attachment			
This information is currently of record in the Department of State.					CLASS/SFRIF				_
			0						_
Changes require an additional					<u> </u>				
 This report must be executed trustee this report must be executed 	ited on behalf of th	e a	orporation by the recen	ver or trusted	₽.				
Under penalty of parjury, I d	declare and affir	777	that I have examine	ed this rep	ort, including any	accompan	ying sc	hedules and	_
statements, and that all stat	tements contain	ed	herein are true and	d correct					
Name by Augusticae Representation	Falle	て	<u> </u>			Dat	02/	112/2024	_
Signature of Authorized Representation FOLLETT,								-1	_

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov