RI SOS Filing Number: 202447519110 Date: 2/26/2024 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation			2024 17						
→ Filing period: Februa → Filing Fee: \$50.00 → Penalty: Additional \$		ot filed by May 31.	1821						
1. Entity ID Number 001681495		2. Exact name of the Corporation Alexander Outerbridge Designs, LTD.							
3. Principal Office Address 79 Love Lane			City Warwick	State RI	Zip 02886				
4. NAICS Code 423940 5. State of Incorporation Rhode Island		6. Brief description of the character of business conducted in Rhode Island  Jewelry design and construction							
7. List ALL officers (names a	and addresses)		Ch	eck the box to indicate a	n attachment 🔲				
President Name Scott Ale	exander Outerbrid	lge	Vice-President Name						
Street Address 79 Love L	.ane		Street Address						
<sup>City</sup> Warwick	State RI	<sup>Z<sub>ip</sub></sup> 02886	City	State	Zip				
Secretary Name			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				

8 List ALL directors (nar	mes and addresses)	Check the box to i	Check the box to indicate an attachment					
Director Name	•	Director Name	Director Name					
Street Address			Street Address					
City	State	Zip	City	Sta	ite Z	ip		
Director Name			Director Name	Director Name				
Street Address			Street Address					
City	State	Zıp	City	Sta	ite Z	ip		
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued NUMBER OF SHARES		Check the box to	Check the box to indicate an attachment			
				CLASS/SERIES PAR VA		R VALUE		
				0		6		

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

Date

7eb 20. 2024

STAMP

Signature of Authorized Representative

Changes require an additional filing.

MAIL TO:

**Division of Business Services** 

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

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