



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 04 2024
BY

| | | | | | |
|--|--------------------|---|---|---------------------------|---------------------|
| 1. Entity ID Number 129933 | | 2. Exact name of the Corporation ALPHA ASSOCIATES, LTD. | | | |
| 3. Principal Office Address 35 ROCKY HOLLOW ROAD | | | City EAST GREENWICH | State RI | Zip 02818 |
| 4. NAICS Code 541360 | | 6. Brief description of the character of business conducted in Rhode Island TO CONDUCT LAND SURVEYS AND RELATED ACTIVITIES ON IMPROVED AND UNIMPROVED PARCELS OF REAL ESTATE. | | | |
| 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 JAMES J. REDDINGTON, JR. | | | Vice-President Name MICHAEL MCCORMICK | | |
| Street Address 17 MIA COURT | | | Street Address 35 ROCKY HOLLOW ROAD | | |
| City WARWICK | State RI | Zip 02886 | City EAST GREENWICH | State RI | Zip 02818 |
| Secretary Name JAMES J. REDDINGTON, JR. | | | Treasurer Name JAMES J. REDDINGTON, JR. | | |
| Street Address 17 MIA COURT | | | Street Address 17 MIA COURT | | |
| City WARWICK | State RI | Zip 02886 | City WARWICK | State RI | Zip 02886 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name JAMES J. REDDINGTON, JR. | | | Director Name | | |
| Street Address 17 MIA COURT | | | Street Address | | |
| City WARWICK | State RI | Zip 02886 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/STRIKES | |
| | | 100 | | COMMON | |
| | | | | NONE | |
| 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 JAMES J. REDDINGTON, JR., PRESIDENT | | | | Date 02/26/2024 | |
| 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.gov