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.

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STAMP

1. Entity ID Number	2. Exact name of the Corporation		
000793176	ALE INC		
3. Principal Office Address	City	State	Zip
217 ELMWOOD AVE	PROVIDENCE	RI	02907
4. NAICS Code: 481111	6. Brief description of the character of business conducted in Rhode Island: TRAVEL AGENCY		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ELIZABETH L. GONZALES					
Street Address			Street Address		
217 ELMWOOD AVE					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	STK	0.0100

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
ELIZABETH L. GONZALES	3/11/24

Signature of Authorized Representative: X [signature]

FILED 1124
MAR 20 2024
BY YFIZKQ

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