



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 8 PM 12:08:00

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.

1. Entity ID Number 1675162		2. Exact name of the Corporation Alex & Maury Holdings, Inc.				
3. Principal Office Address 2 Meehan Lane			City Cumberland	State RI	Zip 02864	
4. NAICS Code 562998		6. Brief description of the character of business conducted in Rhode Island Real Estate Property Holding				
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 Maureen A. Crotty, M.D.			Vice-President Name Alexander Lee, M.D.			
Street Address 2 Meehan Lane			Street Address 2 Meehan Lane			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
Secretary Name Maureen A. Crotty, M.D.			Treasurer Name Alexander Lee, M.D.			
Street Address 2 Meehan Lane			Street Address 2 Meehan Lane			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
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		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/SERIES	PAR VALUE	
		0		CWP	10.00	
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 Maureen A. Crotty, M.D.					Date 3-6-24	
Signature of Authorized Representative <i>Maureen A. Crotty</i>					FILED	

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

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