



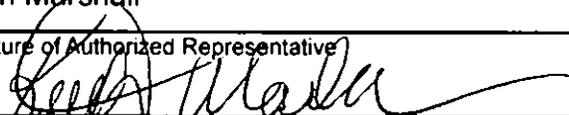
State of Rhode Island
Department of State - Business Services Division

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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 FOR
 DEPT. OF STATE
 RI ONLY

1. Entity ID Number 932615		2. Exact name of the Corporation Ally Marketing, Inc.			
3. Principal Office Address 655 Mendon Road, Suite 1A			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island Marketing consulting services			
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 Keith Marshall			Vice-President Name Joseph J. Samra III		
Street Address 655 Mendon Road, Suite 1A			Street Address 655 Mendon Road, Suite 1A		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name Joseph J. Samra III			Treasurer Name Joseph J. Samra III		
Street Address 655 Mendon Road, Suite 1A			Street Address 655 Mendon Road, Suite 1A		
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		PAR VALUE
			1000		\$.01
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 Keith Marshall				Date 3/5/24	
Signature of Authorized Representative 				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

APR 08 2024
BY JWBZS
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