



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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

FEB 26 2025

BY

1. Entity ID Number 107882		2. Exact name of the Corporation Alko Verticals, Inc.			
3. Principal Office Address 1683 Warwick Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island To solicit, market, sell and install window treatments			
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 Harris B. Alkins			Vice-President Name Spencer Alkins		
Street Address 105 Red Barn Lane			Street Address 105 Red Barn Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Harris B. Alkins			Treasurer Name Harris B. Alkins		
Street Address 105 Red Barn Lane			Street Address 105 Red Barn Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Harris B. Alkins			Director Name		
Street Address 105 Red Barn Lane			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 600	CLASS/SERIES common	PAR VALUE no par	
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 Harris B. Alkins				Date 2/24/25	
Signature of Authorized Representative					

MAIL TO:
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Website: www.sos.ri.gov