



State of Rhode Island  
Department of State - Business Services Division

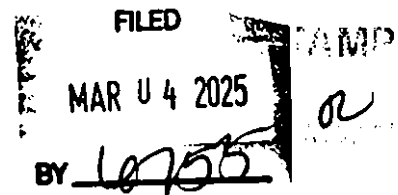
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: ~~\$50.00~~

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 000144825		2. Exact name of the Corporation ALC, Inc			
3. Principal Office Address 860 Waterman Avenue, Unit 7A			City East Providence	State RI	Zip 02914
4. NAICS Code 812190		6. Brief description of the character of business conducted in Rhode Island Spa Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Cassandra Buchanan			Vice-President Name		
Street Address 860 Waterman Avenue, Unit 7A			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		PAR VALUE
			8000	CNP	0.00
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. <b>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.</b>					
Name of Authorized Representative				Date 2/28/25	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)