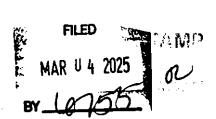


State of Rhode Island

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 to Entity ID Number	Penalty: Additional \$25.00 fee if form is not filed by May 31.						
	2. Exact name of the Corporation						
000144825	ALC, Inc						
Principal Office Address	_		City		State	Zip	
860 Waterman Avenue, Unit 7A			<u></u>	East Providence		02914	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
812190	Spa Services						
5. State of Incorporation	1	_					
Rhode Island							
7. List ALL officers (names and add	lresses)		1		e b <u>ox</u> to indi	cate an attachment 🔲	
President Name Cassandra Buchanan				Vice-President Name			
Street Address 860 Waterman Avenue, Unit 7A				Street Address			
City East Providence	State RI	^{Zıp} 02914	City		State	Zip	
Secretary Name	L	···	Treasurer Name			<u> </u>	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	ldresses)	•	•	Check th	e box to indi	cate an attachment	
Director Name			Director Na	ime			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	7ip	
9 Shares Authorized	<u> </u>	10. Shares Issue					
Department of State			IARES	CLASS/S6	1		
Changes require an additional filing.		8000		CNP		0.00	
onunges require an additional ming.		ł					
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							
					Date 7	28/25	
Spinature of Authorized Representative							

MAIL TO . ~ Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov