



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

MAR 12 2025

BY

1. Entity ID Number 001675162		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		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
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 ☐			
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 ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		600	CNP
			0
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 2/9/25
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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