



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

APR 10 2025



BY 6308

1. Entity ID Number 129933		2. Exact name of the Corporation ALPHA ASSOCIATES, LTD.	
3. Principal Office Address 35 ROCKY HOLLOW ROAD		City EAST GREENWICH	State RI
		Zip 02818	
4. NAICS Code 541360	6. Brief description of the character of business conducted in Rhode Island TO CONDUCT LAND SURVEYS AND RELATED ACTIVITIES ON IMPROVED AND UNIMPROVED PARCELS OF REAL ESTATE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name JAMES J. REDDINGTON, JR.		Vice-President Name MICHAEL MCCORMICK	
Street Address 17 MIA COURT		Street Address 35 ROCKY HOLLOW ROAD	
City WARWICK	State RI	City EAST GREENWICH	State RI
Zip 02886		Zip 02818	
Secretary Name JAMES J. REDDINGTON, JR.		Treasurer Name JAMES J. REDDINGTON, JR.	
Street Address 17 MIA COURT		Street Address 17 MIA COURT	
City WARWICK	State RI	City WARWICK	State RI
Zip 02886		Zip 02886	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name JAMES J. REDDINGTON, JR.		Director Name	
Street Address 17 MIA COURT		Street Address	
City WARWICK	State RI	City	State
Zip 02886		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE NONE	
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 JAMES J. REDDINGTON, JR., PRESIDENT			Date 03/31/2025
Signature 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