



State of Rhode Island
Department of State - Business Services Division

STAMP

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2025 APR 10 2:23 PM

1. Entity ID Number 001661687		2. Exact name of the Corporation 961 INC.	
3. Principal Office Address 961 Manton Avenue		City Providence	State RI
		Zip 02909	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Real Estate Rental and Ownership		
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 Joseph Aloisio		Vice-President Name None	
Street Address 961 Manton Avenue		Street Address	
City Providence	State RI	Zip 02909	
Secretary Name None		Treasurer Name None	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph Aloisio		Director Name None	
Street Address 961 Manton Ave.		Street Address	
City Providence	State RI	Zip 02909	
Director Name None		Director Name None	
Street Address		Street Address	
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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES None	CLASS/SERIES Common
			PAR VALUE or 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. <i>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.</i>			
Name of Authorized Representative		Date 2/12/25	
Signature of Authorized Representative 			

FILED