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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	2. Exact name of the Corporation
000146620	ALO Title Services, Ltd.

3. Principal Office Address	City	State	Zip
311 Angell Street	Providence	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	To provide title and closing services.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Leonard Accardo, Jr.	Ericka L. Levesque
Street Address: 311 Angell Street	Street Address: 311 Angell Street
City: Providence, State: RI, Zip: 02906	City: Providence, State: RI, Zip: 02906
Secretary Name	**Treasurer Name**
Leonard Accardo, Jr.	Leonard Accardo, Jr.
Street Address: 311 Angell Street	Street Address: 311 Angell Street
City: Providence, State: RI, Zip: 02906	City: Providence, State: RI, Zip: 02906

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Leonard Accardo, Jr.	Ericka L. Levesque
Street Address: 311 Angell Street	Street Address: 311 Angell Street
City: Providence, State: RI, Zip: 02906	City: Providence, State: RI, Zip: 02906
Director Name: NONE	Director Name: NONE
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	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	CNP	No Par Value

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
Ericka L. Levesque, Vice-President	5-23-25

Signature of Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 23 2025
BY 205

FORM 630- Revised 12/2023