



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.

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1. Entity ID Number 000146620		2. Exact name of the Corporation ALO Title Services, Ltd.			
3. Principal Office Address 311 Angell Street		City Providence		State RI	Zip 02906
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island 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 Leonard Accardo, Jr.			Vice-President Name 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 Leonard Accardo, Jr.			Treasurer Name 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 Leonard Accardo, Jr.			Director Name 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		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 Ericka L. Levesque, Vice-President					Date 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

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FORM 630- Revised 12/2023