



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2024**  
**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 02 2024  
 BY 1991

1. Entity ID Number <b>702</b>		2. Exact name of the Corporation <b>ALLIANCE FINANCE CORPORATION OF RHODE ISLAND</b>			
3. Principal Office Address <b>232 Warren Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>522291</b>		6. Brief description of the character of business conducted in Rhode Island <b>Finance Corporation - inactive</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Francis A. Rose</b>			Vice-President Name <b>None</b>		
Street Address <b>232 Warren Avenue</b>			Street Address		
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>	City	
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City		State <b>RI</b>	Zip	City	
				State <b>RI</b>	
				Zip <b>02809</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1376</b>	<b>Common</b>	<b>\$25.00 Par Val</b>
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 <b>Francis A. Rose</b> 				Date <b>3/21/24</b>	
Signature of Authorized Representative 					