

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001916

Entity Name: ALPHA ASSOCIATES, INC.

FILED
Mar 04, 2011
Secretary of State

Current Principal Place of Business:

145 LEHIGH AVENUE
LAKEWOOD, NJ 08701

New Principal Place of Business:

Current Mailing Address:

145 LEHIGH AVENUE
LAKEWOOD, NJ 08701

New Mailing Address:

FEI Number: 22-1763475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARAMIS, GEORGE G
5636 S.E. SAILFISH WAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: AVALLONE, A. LOUIS
Address: 6957 S.E. LAKEVIEW TERRACE
City-St-Zip: STUART, FL 34996

Title: P
Name: AVALLONE, CHRISTOPHER J
Address: 164 FOX CHASE ROAD
City-St-Zip: CHESTER, NJ 07930

Title: S
Name: AVALLONE, PAMELA
Address: 6957 S.E. LAKEVIEW TERRACE
City-St-Zip: STUART, FL 34996

Title: SVP
Name: BAXTER, JOHN
Address: 93 ELMWOOD AVENUE
City-St-Zip: HO-HO-KUS, NJ 07423

Title: OD
Name: BENNISON, WILLIAM
Address: 68 PEREGRINE CROSSING
City-St-Zip: SAVANNAH, GA 31411

Title: OD
Name: CUSIMANO, JOSEPH
Address: 222 SHREWSBURY ST
City-St-Zip: BOYLSTON, MA 01505

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER AVALLONE

P

03/04/2011

Electronic Signature of Signing Officer or Director

Date