COVER SHEET

S.E.C. Registration Number A L T E R N E R G Y H O L DI N G S				C S	2 0	0 9	_	9 2	_	3
COMPANY'S Full Name) (Company's Full Name) (Business Address: No./Street/City/Town/Province) (Business Address: No./Street/City/Town/Province) (Business Address: No./Street/City/Town/Province) (Company's Felephone Number (Company's Telephone Number					S.E.C.	Registra	ation N	lumbe	r	
(Company's Full Name) L E V E L 3 B , 1 1 1 P A S E O D E R O X A S B U I L D I N G , P A S E O D E R O X A S B U I L D I N G , P A S E O D E R O X A S B U I L D I N G , P A S E O D E R O X A S B U I L E G A Z P I S T R E E T , L E G A S P I V I L L A G E , M A K A T I C I T Y B Company's Telephone Number ATTY. JANINA C. ARRIOLA Contact Person Secondary License Type, If Applicable Dept. Requiring this Doc. Total No. of Stockholders. To be accomplished by SEC Personnel concerned To be accomplished by SEC Personnel concerned LCU Cashier	ALTERNERGY	HOL	DING	S						
(Company's Full Name) L E V E L 3 B , 1 1 1 P A S E O D E R O X A S B U I L D I N G , P A S E O D E R O X A S B U I L D I N G , P A S E O D E R O X A S B U I L D I N G , P A S E O D E R O X A S B U I L E G A Z P I S T R E E T , L E G A S P I V I L L A G E , M A K A T I C I T Y B Company's Telephone Number ATTY. JANINA C. ARRIOLA Contact Person Secondary License Type, If Applicable Dept. Requiring this Doc. Total No. of Stockholders. To be accomplished by SEC Personnel concerned To be accomplished by SEC Personnel concerned	CORPORATIO	N								
L E V E L 3 B , 1 1 1 1 P A S E O D E R O X A S B U I L D I N G , P A S E O D E R O X A S A S A V E N U E C O R N E R L E G A Z P I S T R E E T , L E G A S P I V I L L A G E , M A K A T I C I T Y (Business Address: No./Street/City/Town/Province) ATTY. JANINA C. ARRIOLA Contact Person Company's Telephone Number SEC FORM 17-C Month Day Fiscal Year Annual Meeting Secondary License Type, If Applicable Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic To be accomplished by SEC Personnel concerned			anv's Full Name)						
B U I L D I N G , P A S E O D E R O X A S A S A V E N U E C O R N E R L E G A Z P I S T R E E T , L E G A S P I V I L L A G E , M A K A T I C I T Y (Business Address: No./Street/City/Town/Province) ATTY. JANINA C. ARRIOLA Contact Person SEC FORM 17-C Month Day FISCAL Year FORM TYPE Month Day Annual Meeting Secondary License Type, If Applicable Dept. Requiring this Doc. Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign		(,	,						
ATTY. JANINA C. ARRIOLA Contact Person Secondary License Type, If Applicable Dept. Requiring this Doc. Total No. of Stockholders. Total No. of Stockholders. COR N E R L E G A Z P I S T R E E T , MA K A T I C I T Y (Business Address: No./Street/City/Town/Province) (H632) 7759 4327 Company's Telephone Number Secondary License Type, If Applicable Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned	LEVEL 3B,	1 1 1	P A S E	O D	Е	R O	X	A S		
(Business Address: No./Street/City/Town/Province) ATTY. JANINA C. ARRIOLA Contact Person SEC FORM 17-C Month Day Fiscal Year Secondary License Type, If Applicable Dept. Requiring this Doc. Total No. of Stockholders. To be accomplished by SEC Personnel concerned To be accomplished by SEC Personnel concerned				$\overline{}$	-					
(Business Address: No./Street/City/Town/Province) ATTY. JANINA C. ARRIOLA Contact Person Company's Telephone Number SEC FORM 17-C Month Day Fiscal Year FORM TYPE Month Day Annual Meeting Secondary License Type, If Applicable Dept. Requiring this Doc. Total Amount of Borrowings Total No. of Stockholders. To be accomplished by SEC Personnel concerned To be accomplished by SEC Personnel concerned		 			-	T R	_	_	,	Щ
ATTY. JANINA C. ARRIOLA Contact Person Company's Telephone Number SEC FORM 17-C Month Day Fiscal Year Form TYPE Month Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned	L E G A S P I VI	LLAG	E , M	A K A	TI	С	I	T Y		Ш
Contact Person Company's Telephone Number SEC FORM 17-C Month Day Fiscal Year FORM TYPE Annual Meeting Secondary License Type, If Applicable Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned	(Bu	isiness Address: N	lo./Street/City/Tow	n/Province)						
Contact Person Company's Telephone Number SEC FORM 17-C Month Day Fiscal Year FORM TYPE Month Day Annual Meeting Secondary License Type, If Applicable Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned										
Secondary License Type, If Applicable Dept. Requiring this Doc. Total No. of Stockholders. To be accomplished by SEC Personnel concerned Secondary License Type, If Applicable Document I.D. Cashier		LA								
Month Day Fiscal Year FORM TYPE Annual Meeting Secondary License Type, If Applicable Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned LCU Document I.D. Cashier	Contact Person				Compar	ny's Tele	phone	Numk	er	
Month Day Fiscal Year FORM TYPE Annual Meeting Secondary License Type, If Applicable Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned LCU Document I.D. Cashier				Г						
Secondary License Type, If Applicable Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned LCU Document I.D. Cashier						Month		Dav		
Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Domestic Foreign To be accomplished by SEC Personnel concerned File Number LCU Document I.D. Cashier	,		5144 111 E					-		
Dept. Requiring this Doc. Amended Articles Number/Section Total Amount of Borrowings Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned File Number LCU Document I.D. Cashier										
Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned File Number LCU Document I.D. Cashier		Secondary Licens	e Type, If Applica	ble						
Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned File Number LCU Document I.D. Cashier	Dept Requiring this Doc			Amende	ed Article	es Numb	er/Sec	ction		
Total No. of Stockholders. Domestic Foreign To be accomplished by SEC Personnel concerned File Number LCU Document I.D. Cashier										
To be accomplished by SEC Personnel concerned				100	ai Airioui	I OI DOII	Owing	3		
File Number LCU Document I.D. Cashier	Total No. of Stockholders.			Domestic			For	eign		
File Number LCU Document I.D. Cashier										
File Number LCU Document I.D. Cashier	To be accomplished by SEC Personnel concerned									
Document I.D. Cashier	To be decomplished by OLOT classified concerned									
Document I.D. Cashier]								
	File Number	-	LCU			•				
]								
STAMP	Document I.D.		Cashier							
STAMP										
STAMP										
	STAMP									
	V 17.1111									

Remarks=pls. use black ink for scanning purposes

SECURITIES AND EXCHANGE COMMISSION

SEC FORM 17-C

CURRENT REPORT UNDER SECTION 17 OF THE SECURITIES REGULATION CODE AND SRC RULE 17.2(c) THEREUNDER

1.	. <u>14 July 2023</u> Date of Report (Date of earliest event reported)						
2.	SEC Identification Number <u>CS200909233</u> 3.	BIR Tax Identification No. <u>007-315-916</u>					
4.	ALTERNERGY HOLDINGS CORPORATION Exact name of issuer as specified in its charter						
5.	Metro Manila, Philippines Province, country or other jurisdiction of incorporation	6. (SEC Use Only) Industry Classification Code:					
7.	Level 3B, 111 Paseo de Roxas Bldg., Paseo de Legaspi Village, Makati City Address of principal office	Roxas corner Legazpi St., 1229 Postal Code					
8.	8. <u>(+632) 7759-4327</u> Issuer's telephone number, including area code						
9.	9. Not Applicable Former name or former address, if changed since last report						
10.	. Securities registered pursuant to Sections 8 and	d 12 of the SRC or Sections 4 and 8 of the RSA					
	Title of Each Class	Number of Shares of Common Stock Outstanding and Amount of Debt Outstanding					
	<u>Common</u> <u>Preferred</u>	3,933,840,480 370,398,637					
11.	. Indicate the item numbers reported herein:	Item 9 - Other Events					
	Attached are the letter signed by ALTER's Treasurer and the Certification issued by ALTER's externauditor regarding the matter of the Use of Proceeds of ALTER's IPO for the period ending June 30,						

2023.

SIGNATURES

Pursuant to the requirements of the Securities Regulation Code, the issuer has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ALTERNERGY HOLDINGS CORPORATION

14 July 2023 Date

By:

JANINA C. ARRIOLA Corporate Information Officer