



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 94043		2. Name of Corporation All State Boiler & Construction, Inc.			
3. Street Address Principal Business Office 449 Cooke Street			City Farmington	State CT	Zip 06034
4. Business Phone No. 860-678-0678		5. State of Incorporation Connecticut			
6. Brief Description of the Character of Business Conducted in Rhode Island General Contracting, Subcontracting, Mechanical, & HVAC					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ricahrd Paré			Vice President Name Peter Paré		
Street Address 449 Cooke Street			Street Address 449 Cooke Street		
City Farmington	State CT	Zip 06034	City Farmington	State CT	Zip 06034
Secretary Name Peter Paré			Treasurer Name Diane Rivard		
Street Address 449 Cooke Street			Street Address 449 Cooke Street		
City Farmington	State CT	Zip 06032	City Farmington	State CT	Zip 06032
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Martin, Director of Operations			Director Name Tim Foley, Director of Project Development		
Street Address 449 Cooke Street			Street Address 449 Cooke Street		
City Farmington	State CT	Zip 06032	City Farmington	State CT	Zip 06032
Director Name William McCoubrey, Director of Field Operations			Director Name none		
Street Address 449 Cooke Street			Street Address		
City Farmington	State CT	Zip 06032	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 5,000	Class/Series No	Par Value Value	Number of Shares 100	Class/Series Commom	Par Value None

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.

FILED

File Date **JAN 28 2008**

Check No. **08 1330**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] **1/25/2008**
Signature Date
Peter Paré
Print or Type Name
Vice President/Secretary
Title