



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
401.222.3030

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 51421		2. Name of Corporation ALLSTATE RESTAURANT EQUIPMENT INC			
3. Street Address Principal Business Office 125 ESTEN AVENUE		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 401-727-0860		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE & REPAIR OF USED & NEW RESTAURANT EQUIPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GIACOMO MED		Vice President Name JOYCE MED			
Street Address 6 ROLLINGSWOOD DR		Street Address 6 ROLLINGSWOOD DR			
City LINCOLN	State RI	Zip 02815	City LINCOLN	State RI	Zip 02815
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE		Director Name SAME AS ABOVE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	Common	NO PAR VALUE	200		NO PAR
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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: FEB 16 2010

Check No. 9V 86293

By: _____

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: Giacomo Med
Date: 2-12-10

Print or Type Name: GIACOMO MED
Title: PRESIDENT