



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 2011

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. 737		2. Name of Corporation Allstate Builders, Inc.			
3. Street Address Principal Business Office 41 Shepard Avenue			City Providence	State RI	Zip 92904
4. Business Phone No. 401-747-1786		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island General construction and real estate.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Salvatore Compagnone			Vice President Name Salvatore Compagnone, Jr.		
Street Address 41 Shepard Avenue			Street Address 60 Leo Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Mary Compagnone			Treasurer Name Salvatore Compagnone		
Street Address 41 Shepard Avenue			Street Address 41 Shepard Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Salvatore Compagnone			Director Name		
Street Address 41 Shepard Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300			150	common	no par
THIS SECTION MUST BE COMPLETED					

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.

Salvatore Compagnone 1-31-11
Signature Date

Salvatore Compagnone
Print or Type Name
President
Title

File Date **FILED**
Check No. FEB 01 2011
By *RS*
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