



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 02904-2611  
401.222.3044

# 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. 000145427  
2. Name of Corporation ALLSTATE TREE & LANDSCAPE, INC.

3. Street Address Principal Business Office 168 HILL STREET  
City COVENTRY State RI Zip 02816

4. Business Phone No. 401-255-2535  
5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island  
RESIDENTIAL AND COMMERCIAL LANDSCAPE, PLOWING

## 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name KEITH SULLIVAN  
Vice President Name

Street Address 168 HILL STREET  
Street Address

City COVENTRY State RI Zip 02816  
City State Zip

Secretary Name  
Treasurer Name

Street Address  
Street Address

City State Zip  
City State Zip

## 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name  
Director Name

Street Address  
Street Address

City State Zip  
City State Zip

Director Name  
Director Name

Street Address  
Street Address

City State Zip  
City State Zip

## 9. SHARES AUTHORIZED

500

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

## 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 50               | STK          | \$0.00    |
|                  |              |           |

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  
Check No. FEB 28 2011  
By: 2939  
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 Keith Sullivan Date 2/24/11

KEITH SULLIVAN

Print or Type Name

PRESIDENT

Title