



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAR 26 AM 11:22

1. Entity ID No. 94043		2. Exact name of the Corporation All State Construction, Inc.			
3. Principal office address 449 Cooke Street			City Farmington	State CT	Zip 06032
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 Mechanical/Civil Contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard Pare			Vice-President Name Peter Pare		
Street Address 449 Cooke Street			Street Address 449 Cooke Street		
City Farmington	State CT	Zip 06032	City Farmington	State CT	Zip 06032
Secretary Name Peter Pare			Treasurer Name		
Street Address 449 Cooke Street			Street Address		
City Farmington	State CT	Zip 06032	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael Martin, Director of Operations			Director Name Timothy 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		
Street Address 449 Cooke Street			Street Address		
City Farmington	State CT	Zip 06032	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 26 2012

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] 3/24/12
 Signature of Authorized Representative Date

President

Print or Type Name of Authorized Representative

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