



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

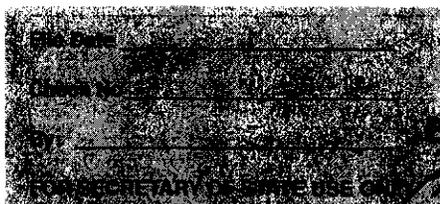
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.

1. Entity ID No. 51421		2. Exact name of the Corporation ALLSTATE RESTAURANT EQUIPMENT, INC			
3. Principal office address 125 ESTEN AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-727-0880			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island SALE & REPAIR OF USED & NEW EQUIPMENT					
President Name GIACOMO MEO			Vice-President Name JOYCE MEO		
Street Address 6 ROLLINGWOOD AVENUE			Street Address 6 ROLLINGWOOD AVENUE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. DIRECTORS (LIST NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES NOT ISSUED <input type="checkbox"/> 9. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" 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
			200		NO PAR

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

JUN 05 2012

mme
GA# 91895

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.

Giuseppe MEO 6-4-12
 Signature of Authorized Representative Date

GIACOMO MEO

Print or Type Name of Authorized Representative