



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 2013

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. 109466		2. Exact name of the Corporation ALLSTATE APPLIANCE SERVICE CO., INC.			
3. Principal office address 739 WEST SHORE ROAD		City WARWICK	State R.I	Zip 02889	
4. Business Phone No. (401) 739-0026		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TOO CARRY ON AND CONDUCT THE BUSINESS OF GENERAL APPLIANCE SERVICE.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL SHERIDAN			Vice-President Name MAUREEN SHERIDAN		
Street Address 296 GREENWOOD AVENUE			Street Address 296 GREENWOD AVENUE		
City WARWICK	State R.I	Zip 02886	City WARWICK	State R.I	Zip 02886
Secretary Name MICHAEL SHERIDAN			Treasurer Name MICHAEL SHERIDAN		
Street Address 296 GREENWOOD AVENUE			Street Address 296 GREENWOOD AVENUE		
City WARWICK	State R.I	Zip 02886	City WARWICK	State R.I	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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					
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.					

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

FEB 28 2013

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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 of Authorized Representative

Date

Print or Type Name of Authorized Representative