



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 2013

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. <b>737</b>		2. Name of Corporation <b>Allstate Builders, Inc.</b>			
3. Street Address Principal Business Office <b>41 Shepard Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. Business Phone No. <b>401-747-1786</b>		5. State of Incorporation <b>RI</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>General Construction and real estate.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Salvatore Compagnone</b>			Vice President Name <b>Salvatore Compagnone, Jr.</b>		
Street Address <b>41 Shepard Ave.</b>			Street Address <b>60 Leo Ave.</b>		
City <b>Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Mary Compagnone</b>			Treasurer Name <b>Salvatore Compagnone</b>		
Street Address <b>41 Shepard Ave.</b>			Street Address <b>41 Shepard Ave.</b>		
City <b>Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Salvatore Compagnone</b>			Director Name		
Street Address <b>41 Shepard Ave.</b>			Street Address		
City <b>Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	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
<b>300</b>			<b>150</b>	<b>common</b>	<b>no par</b>
			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.

MAR 12 2013

File Date	By <b>mmc</b>
Check No.	<b>CL #10665</b>
By	
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 **Salvatore Compagnone** Date **3-11-13**  
Print or Type Name  
**Salvatore Compagnone**  
**President**  
Title