



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 2015

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. 313464		2. Exact name of the Corporation Allstate Conveyor Service, Incorporated			
3. Principal office address 256 Terrace Blvd.		City Voorhees		State NJ	Zip 08043
4. Business Phone No. (609) 714-9705		5. State of Incorporation New Jersey			
6. Brief description of the character of business conducted in Rhode Island Conveyor service, repair, installation and maintenance					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Karla Porter			Vice-President Name William Porter		
Street Address 256 Terrace Blvd.			Street Address 256 Terrace Blvd.		
City Voorhees	State NJ	Zip 08043	City Voorhees	State NJ	Zip 08043
Secretary Name Karla Porter			Treasurer Name Karla Porter		
Street Address 256 Terrace Blvd.			Street Address 256 Terrace Blvd.		
City Voorhees	State NJ	Zip 08043	City Voorhees	State NJ	Zip 08043
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Karla Porter			Director Name William Porter		
Street Address 256 Terrace Blvd.			Street Address 256 Terrace Blvd.		
City Voorhees	State NJ	Zip 08043	City Voorhees	State NJ	Zip 08043
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	0

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: _____

FILED

JAN 16 2015

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Form No. 630
Revised: 01/2012

4608

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.

Karla Porter

Signature of Authorized Representative

1-12-15

Date

Karla Porter, President

Print or Type Name of Authorized Representative