



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 739		2. Exact name of the Corporation ALLSTATE DRILLING CO.			
3. Principal Office Address 227 Wampanoag Trail			City East Providence	State RI	Zip 02915
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Diamond Core Drilling and Soils Exploration			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George J. Geisser, III			Vice-President Name None		
Street Address 227 Wampanoag Trail			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Linda M. Geisser			Treasurer Name George J. Geisser, III		
Street Address 227 Wampanoag Trail			Street Address 227 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George J. Geisser, III			Director Name		
Street Address 227 Wampanoag Trail			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	None
11. 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. 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.					
Name of Authorized Representative Linda M. Geisser				Date 1/30/17	
Signature of Authorized Representative <i>Linda M. Geisser</i>					

ORIGINAL DOCUMENT HERE
FILED *J*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 10 2017

BY 10500