
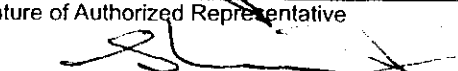




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

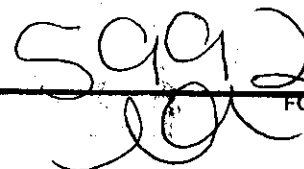
Annual Report for the year: 2017
Corporation

- 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 000042748		2. Exact name of the Corporation ALLSTATE SANDBLASTING, INC			
3. Principal Office Address 135 LIBERTY ROAD		City EXETER		State RI	Zip 02822
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island SANDBLASTING AND PAINTING CONTRACTOR				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHANIE PAMULA			Vice-President Name STEPHANIE PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name JOHN PAMULA			Treasurer Name JOHN PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		NO PAR	
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  STEPHANIE PAMULA				Date 2-9-17	
Signature of Authorized Representative 				FILED	
SIGN DOCUMENT HERE					

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

BY



FEB 15 2017