



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 <b>51421</b>		2. Exact name of the Corporation <b>ALLSTATE RESTAURANT EQUIPMENT, INC</b>			
3. Principal Office Address <b>125 ESTEN AVENUE</b>		City <b>PAWTUCKET</b>		State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>81</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALE AND REPAIR OF RESTAURANT EQUIPMENT</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GIACOMO MEO</b>			Vice-President Name <b>JOYCE MEO</b>		
Street Address <b>6 ROLLINGWOOD DRIVE</b>			Street Address <b>6 ROLLINGWOOD DRIVE</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>SAME AS ABOVE</b>			Treasurer Name <b>SAME AS ABOVE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SAME AS ABOVE</b>			Director Name <b>SAME AS ABOVE</b>		
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					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>				<b>NO PAR</b>	
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 <b>GIACOMO MEO</b>					Date <b>2/15/17</b>
Signature of Authorized Representative <i>Giuseppe MEO</i>					
SIGN DOCUMENT HERE <b>FILED</b>					

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 27 2017

BY **22966**

FORM 630 - Revised: 02/2017