



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 000124839		2. Exact name of the Corporation ALL STATES ASPHALT, INC.	
3. Principal Office Address 325 AMHERST ROAD		City SUNDERLAND	State MA
		Zip 01375	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island SALE OF BITUMINOUS PRODUCTS		
5. State of Incorporation MASSACHUSETTS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RICHARD J MILLER		Vice-President Name SETH M HANKOWSKI	
Street Address 7575 PELICAN BAY BLVD #304		Street Address 141 DORCHESTER AVENUE, UNIT PHB	
City NAPLES	State FL	City BOSTON	State MA
Zip 34108		Zip 02127	
Secretary Name CRAIG S REED		Treasurer Name CRAIG S REED	
Street Address 58 SALVATORE DRIVE		Street Address 58 SALVATORE DRIVE	
City WESTFIELD	State MA	City WESTFIELD	State MA
Zip 01085		Zip 01805	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name DAVID M HANKOWSKI		Director Name RICHARD J MILLER	
Street Address 7575 PELICAN BAY BLVD #1008		Street Address 7575 PELICAN BAY BLVD #304	
City NAPLES	State FL	City NAPLES	State FL
Zip 34108		Zip 34108	
Director Name SETH M HANKOWSKI		Director Name MARK A HANKOWSKI	
Street Address 141 DORCHESTER AVENUE, UNIT PHB		Street Address 64 HOP BROOK ROAD	
City BOSTON	State MA	City AMHERST	State MA
Zip 02127		Zip 01375	
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
		510,000	V
		490,000	NV
			PAR VALUE
			\$0.0
			\$0.0
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 CRAIG S REED		Date 8/16/2017	
Signature of Authorized Representative /S/ CRAIG S REED			

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

FILED

AUG 21 2017

BY

28539 DS

FORM 630 - Revised: 02/2017

CORPORATE ID # 000124839

ALL STATES ASPHALT, INC.

ATTACHMENT

8. DIRECTOR'S CONTINUED:

AARON D HANKOWSKI
825 MARSHALL STREET, APT. 338
REDWOOD CITY, CA 94063

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