



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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 109466		2. Exact name of the Corporation Allstate Appliance Service Co., Inc.												
3. Principal Office Address 739 West Shore Road			City Warwick	State RI	Zip 02889									
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To carry on and conduct the business of general appliance service												
5. State of Incorporation R.I.														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michael Sheridan			Vice-President Name Maureen Sheridan											
Street Address 296 Greenwood Avenue			Street Address 296 Greenwood Avenue											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Secretary Name Michael Sheridan			Treasurer Name Michael Sheridan											
Street Address 296 Greenwood Avenue			Street Address 296 Greenwood Avenue											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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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 Michael Sheridan President				Date 2/26/18										
Signature of Authorized Representative Michael Sheridan				<div style="text-align: center;"> FILED MAR 02 2018 BY 7211 DS </div>										