



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMPTOP
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000000737		2. Exact name of the Corporation Allstate Builders, Inc.			
3. Principal Office Address 41 Shepard Avenue			City Providence	State RI	Zip 02904
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General Construction of Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Salvatore Compagnone			Vice-President Name Salvatore Compagnone, Jr.		
Street Address 41 Shepard Avenue			Street Address 60 Leo Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Salvatore Compagnone, Jr.			Treasurer Name Salvatore Compagnone		
Street Address 60 Leo Avenue			Street Address 41 Shepard Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Salvatore Compagnone			Director Name		
Street Address 41 Shepard Avenue			Street Address		
City Providence	State RI	Zip 02904	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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Salvatore Compagnone					Date 2/25/19
Signature of Authorized Representative <i>Salvatore Compagnone</i>					

FILED

SIGN DOCUMENT HERE

FEB 27 2019**BY****13682***KM*

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov