



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.

FILED

MAR 01 2019

BY

7401 DS

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 02886						
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 RI											
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 02889	City Warwick	State RI	Zip 02889						
Secretary Name			Treasurer Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
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.		<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></td> <td>0</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100		0									
Changes require an additional filing.											
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 <i>Michael Sheridan</i>				Date 2/26/19							
Signature of Authorized Representative <i>Michael Sheridan</i>											

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