STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No	2 Name of Corporation			
51421	Allstate Restaurant Equipment, Inc.			
3 Street Address Principal Business Office		City	State	Zip
125 ESTEN AVENUE		PAWTUCKET	RI	02860
4 Business Phone No	5 State of Incorporation			6 SIC Code
401-727-0880	RHODE ISLAND			3970
7 Brief Description of the Character of Business Conducted in Rhode Island				
MANUFACTURING & SALE OF RESTAURANT EQUIPMENT				

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
GIACOMO MEO			JOYCE MEO		
Street Address			Street Address		
6 ROLLINGWOOD DR.			6 ROLLINGWOOD DR		
City	State	Zip	City	State	Zip
LINCOLN	RI	02865	LINCOLN	RI	02865
Secretary Name			Treasurer Name		
SAME AS ABOVE			SAME AS ABOVE		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
SAME AS ABOVE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR VALUE			200		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Giacomo Meo 1-8-05
Signature of Officer *Date*

GIACOMO MEO
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date 1/10/05
Check No. 80516
By D.

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
51421	Allstate Restaurant Equipment, Inc.			
3. Street Address Principal Business Office		City	State	Zip
125 ESTEN AVENUE		PAWTUCKET	RI	02860
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-727-0880	RHODE ISLAND			3970

7. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURING & SALE OF RESTAURANT EQUIPMENT

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
GIACOMO MEO			JOYCE MEO		
Street Address			Street Address		
6 ROLLINGWOOD DR.			6 ROLLINGWOOD DR.		
City	State	Zip	City	State	Zip
LINCOLN	RI	02865	LINCOLN	RI	02865
Secretary Name			Treasurer Name		
GIACOMO MEO			JOYCE MEO		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR VALUE			200		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

51421

File Date 1-20-04
Check No. 79298
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *Date*
GIACOMO MEO Giacomo Meo 1-13-04
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

51421 Allstate Restaurant Equipment, Inc.

135 Reed Rd Pawtucket RI 02864

RHODE ISLAND 3970

Sale of Restaurant Equipment & Supplies

NAMES AND ADDRESSES OF THE OFFICERS — FILL IN SPACES BEFORE USING ATTACHMENTS

GIACOMO MEO
6 ROLLINGWOOD DR
LINCOLN RI 02865

Joyce A. Meo
6 Rollingwood Dr
Lincoln RI 02865

GIACOMO MEO
same as above

Joyce A. Meo
same as above

NAMES AND ADDRESSES OF THE DIRECTORS — FILL IN SPACES BEFORE USING ATTACHMENTS

GIACOMO MEO
same

Joyce A. MEO
same

NO. SHARES AUTHORIZED		NO. SHARES ISSUED	
		Number of Shares	Par Value
300 COMM NO PAR VALUE		300	NO PAR

Must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

51421

9-29-03
78979
2c

Under penalty of perjury, I declare and affirm that I have examined this report, including accompanying schedules and statements, and that all statements contained herein are true and correct.

Giacomo Meo 9-27-03
Signature of Officer Date

Giacomo Meo
Print or Type Name

President
Title

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 51421

2 Name of Corporation Allstate Restaurant Equipment, Inc.

3 Street Address Principal Business Office 125 ESTEN AVENUE — *City* PAWTUCKET — *State* RI — *Zip* 02860

4 Business Phone No. 401-727-0880

5 State of Incorporation RHODE ISLAND

6 SIC Code 3970

7 Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURING & SALE OF RESTAURANT EQUIPMENT & SUPPLIES

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name GIACOMO MEO
Street Address 6 ROLLINGWOOD DR.
City LINCOLN *State* RI *Zip* 02865

Secretary Name GIACOMO MEO
Street Address SAME AS ABOVE
City *State* *Zip*

Vice President Name JOYCE A. MEO
Street Address 6 ROLLINGWOOD DR.
City LINCOLN *State* RI *Zip* 02865

Treasurer Name JOYCE A. MEO
Street Address SAME AS ABOVE
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name GIACOMO MEO
Street Address SAME AS ABOVE
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name JOYCE A. MEO
Street Address SAME AS ABOVE
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
300 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	COMMON	-0-

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 1 4 2 1 *

File Date 1-10-02

Check No. 71-95 "1"

By.

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [signature] *Date* 1/11/02

Print or Type Name of Officer GIACOMO MEO

Title of Officer PRESIDENT

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT — 2001

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
51421	Allstate Restaurant Equipment, Inc.

3. Street Address Principal Business Office	City	State	Zip
125 Esten Ave.	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-727-0880	RI	3970

7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacturing & Sale of restaurant equipment & any other lawful business

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name	Vice President Name
Giacomo Meo	Joyce A. Meo
Street Address	Street Address
6 Rollingwood Drive	6 Rollingwood Dr.
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	Lincoln / RI / 02865
Secretary Name	Treasurer Name
Giacomo Meo	Joyce A. Meo
Street Address	Street Address
same as above	same as above
City / State / Zip	City / State / Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name	Director Name
Giacomo Meo	Joyce A. Meo
Street Address	Street Address
same as above	same as above
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
300 SHS NO PAR COMMON			200	Common	-0-

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

[redacted]

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.

Giacomo Meo 1-27-01
Signature of Officer *Date*

Giacomo Meo
Print or Type Name of Officer

President
Title of Officer

File Date: FILED
FEB 07 2001

Check No.: 7595

By:

FOR SECRETARY OF STATE USE ONLY By

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
51421	Allstate Restaurant Equipment, Inc.

3. Street Address Principal Business Office	City	State	Zip
125 Esten Avenue	Pawtucket	RI	02865

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-727-0880	RHODE ISLAND	3970

7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacturing & sale of restaurant equipment & supplies & any other lawful business

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Giacomo Meo			Joyce A. Meo		
Street Address			Street Address		
6 Rollingwood Drive			6 Rollingwood Drive		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
Secretary Name			**Treasurer Name**		
Joyce A. Meo			Giacomo Meo		
Street Address			Street Address		
6 Rollingwood Drive			6 Rollingwood Drive		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Giacomo Meo			Joyce A. Meo		
Street Address			Street Address		
6 Rollingwood Drive			6 Rollingwood Drive		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
Director Name			**Director Name**		
n/a			n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 SHS NO PAR COM		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	-0-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

51421

File Date: 3/13/00

Check No.: 77045

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Giacomo Meo — 3/10/00
Signature of Officer *Date*

Giacomo Meo
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
51421	Allstate Restaurant Equipment, Inc.

3. Street Address Principal Business Office	City	State	Zip
125 Esten Avenue	Pawtucket	RI	02865

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-727-0880	RHODE ISLAND	3970

7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacturing & sale of restaurant equipment & supplies & any lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Giacomo Meo	6 Rollingwood Drive	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip
Joyce A. Meo	6 Rollingwood Drive	Lincoln	RI	02865

Secretary Name	Street Address	City	State	Zip
Joyce A. Meo	6 Rollingwood Drive	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Giacomo Meo	6 Rollingwood Drive	Lincoln	RI	02865

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Giacomo Meo	6 Rollingwood Drive	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Joyce A. Meo	6 Rollingwood Drive	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 SHS	NO PAR COM	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] * 5 1 4 2 1 *

File Date: Mar 17, 99

Check No.: 73066

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[signature] 3-10-99

Signature of Officer *Date*

Giacomo Meo

Print or Type Name of Officer

President

Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
51421	Allstate Restaurant Equipment, Inc.

3. Street Address Principal Business Office	City	State	Zip
125 ESTEN AVENUE	PAWTUCKET	RI	02865

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-727-0880	RHODE ISLAND	3970

7. Brief Description of the Character of Business Conducted in Rhode Island
manufacturing & sale of restaurant equipment & supplies & any lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name	Street Address	City	State	Zip
GIACOMO MEO	6 ROLLINGWOOD DRIVE	LINCOLN	RI	02865

Vice President Name	Street Address	City	State	Zip
JOYCE A. MEO	6 ROLLINGWOOD DRIVE	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
JOYCE A. MEO	6 ROLLINGWOOD DRIVE	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
GIACOMO MEO	6 ROLLINGWOOD DRIVE	LINCOLN	RI	02865

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name	Street Address	City	State	Zip
GIACOMO MEO	6 ROLLINGWOOD DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
JOYCE A. MEO	6 ROLLINGWOOD DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
NOT APPLICABLE				

Director Name	Street Address	City	State	Zip
NOT APPLICABLE				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 SHS NO PAR COM		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 1 4 2 1 *

File Date: 2.11.98

Check No.: 7168

By: IGP

FOR SECRETARY OF STATE USE ONLY

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.

Giacomo Meo 2-6-98
Signature of Officer *Date*

GIACOMO MEO
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
51421

2. Name of Corporation
Allstate Restaurant Equipment, Inc.

3. Street Address Principal Business Office
125 ESTEN AVENUE

City
PAWTUCKET

State
RI

Zip
02860

4. Business Phone No.
401-727-0880

5. State of Incorporation
RHODE ISLAND

6. SIC Code
3970

7. Brief Description of the Character of Business Conducted in Rhode Island
manufacturing & sale of restaurant equipment & supplies & any lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
GIACOMO MEO

Street Address
6 ROLLINGWOOD DRIVE

City / *State* / *Zip*
LINCOLN / RI / 02865

Vice President Name
JOYCE A. MEO

Street Address
6 ROLLINGWOOD DRIVE

City / *State* / *Zip*
LINCOLN / RI / 02865

Secretary Name
JOYCE A. MEO

Street Address
6 ROLLINGWOOD DRIVE

City / *State* / *Zip*
LINCOLN / RI / 02865

Treasurer Name
GIACOMO MEO

Street Address
6 ROLLINGWOOD DRIVE

City / *State* / *Zip*
LINCOLN / RI / 2865

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
GIACOMO MEO

Street Address
6 ROLLINGWOOD DRIVE

City / *State* / *Zip*
LINCOLN / RI / 02865

Director Name
JOYCE A. MEO

Street Address
6 ROLLINGWOOD DRIVE

City / *State* / *Zip*
LINCOLN / RI / 02865

Director Name
NOT APPLICABLE

Street Address

City / *State* / *Zip*

Director Name
NOT APPLICABLE

Street Address

City / *State* / *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
300 SHS NO PAR COM		

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	COMMON	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 1 4 2 1 *

File Date: 1/21/97

Check No.: 10385

By:

USE ONLY

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.

Signature of Officer *Date* 1-21-97

GIACOMO MEO
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1–March 1
Filing Fee: $50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION			
51421	Allstate Restaurant Equipment, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE
125 Esten Avenue		Pawtucket	RI	02860
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION			6. SIC CODE
401-727-0880	RHODE ISLAND			3970

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Manufacturing & sale of restaurant equipment & supplies & any lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Giacomo Meo	6 Rollingwood Drive	Lincoln	RI	02865

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joyce A. Meo	6 Rollingwood Drive	Lincoln	RI	02865

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joyce A. Meo	6 Rollingwood Drive	Lincoln	RI	02865

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Giacomo Meo	6 Rollingwood Drive	Lincoln	RI	02865

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Giacomo Meo	6 Rollingwood Drive	Lincoln	RI	02865
Not Applicable				

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joyce A. Meo	6 Rollingwood Drive	Lincoln	RI	02865
Not Applicable				

10. SHARES AUTHORIZED AND ISSUED.

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300 SHS NO PAR COM			200	Common	No Par Value

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Giacomo Meo
Signature of Officer

GIACOMO MEO
Print or Type Name of Officer

PRESIDENT
Title of Officer

2/26/96
Date

File Date: 2/28/96

Check No: 69197

By: CR / CP

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: ~~691~~ 5142 Annual Report for the year: 1995

Name of Corporation: Allstate Restaurant Equipment, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - No. P.O. Box):
125 esten Avenue
Pawtucket, RI 02860

Phone: (401) 727-0880

Business Entity is (check one):
[x] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island
Manufacture and sale of new and used restaurant furnishings, supplies and equipment and any other legal business.

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: Giacomo Meo	6 Rollingwood Drive	Lincoln, RI	
VICE PRESIDENT:	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY:	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER: Joyce A. Meo	6 Rollingwood Drive	Lincoln, RI	

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: Giacomo Meo	6 Rollingwood Drive	Lincoln, RI	
NAME: Joyce A. Meo	6 Rollingwood Drive	Lincoln, RI	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
300	no par common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	no par common

Date June 15 19 95

BY: Giacomo Meo

PRINT NAME OF PERSON SIGNING: Giacomo Meo

TITLE OF OFFICER SIGNING: President

Form 31 3/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

Everett A. Petronio, Jr., Esquire
1239 Hartford Avenue
Post Office Box 19040
Johnston, RI 02919

FILED
JUN 23 1995
By 141030

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: ~~691~~ 5121 Annual Report for the year: 1994

Name of Corporation: Allstate Restaurant Equipment, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Business Entity is (check one):
[x] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Manufacture and sale of new and used restaurant furnishings, supplies and equipment and any other legal business.

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
125 Esten Avenue
Pawtucket, RI 02860

Phone: (401) 727-0880

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Giacomo Meo	6 Rollingwood Drive	Lincoln, RI	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Joyce A. Meo	6 Rollingwood Drive	Lincoln, RI	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Giacomo Meo	6 Rollingwood Drive	Lincoln, RI	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Giacomo Meo	6 Rollingwood Drive	Lincoln, RI	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Joyce A. Meo	6 Rollingwood Drive	Lincoln, RI	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
300	no par common	100	no par common

Date June 15, 1995 1995

By Giacomo Meo
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 - 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Everett A. Petronio, Jr., Esquire
1239 Hartford Avenue
Post Office Box 19040
Johnston, RI 02919

FILED
JUN 23 1995
By 041030

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ~~000~~ 51421 Annual Report for the year 1993

FIRST: The name of the corporation is Allstate Restaurant Equipment, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Mfr. and sale of new and used restaurant furnishings, supplies and equipment and any other legal business.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 25 Esten Avenue, Pawtucket, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Giacomo Meo	President	6 Rollingwood Drive, Lincoln, Rhode Island
	Vice President	
Joyce A. Meo	Secretary	6 Rollingwood Drive, Lincoln, Rhode Island
Giacomo Meo	Treasurer	6 Rollingwood Drive, Lincoln, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	no par common		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	no par common		

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439

Dated December 20, 1993 19

Allstate Restaurant, Inc.
(Name of Corporation)

By Giacomo Meo Pres & Treas.
Giacomo Meo
Title President and Treasurer

(Report must be signed by an officer)

Form 31 - 1/85

Filing Fee $50.00

(23996 (

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51421 Annual Report for the year 1992

FIRST: The name of the corporation is Allstate Restaurant Equipment, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Manufacture and sale of new and used restaurant equipment, supplies, furnishings and accessories and all allied business.

FOURTH: If foreign corporation, address of its principal office No.

FIFTH: Business address in Rhode Island 25 Esten Avenue, Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Giacomo Meo	President	6 Rollingwood Drive, Lincoln, RI 02865
	Vice President	
Joyce A. Meo	Secretary	6 Rollingwood Drive, Lincoln, RI 02865
Giacomo Meo	Treasurer	6 Rollingwood Drive, Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			None

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			None

Dated September 29, 19 92

(Name of Corporation) Allstate Restaurant Equipment, Inc.

By Giacomo Meo 9-29-92
Giacomo Meo

(Report must be signed by an officer)

Title President

Form 31 '/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51421 Annual Report for the year 1991

FIRST: The name of the corporation is Allstate Restaurant Equipment, Inc.

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FIFTH: Business address in Rhode Island 25 Esten Avenue, Pawtucket, Rhode Island 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Giacomo Meo	President	6 Rollingwood Drive, Lincoln, RI 02865
	Vice President	
Joyce A. Meo	Secretary	6 Rollingwood Drive, Lincoln, RI 02865
Giacomo Meo	Treasurer	6 Rollingwood Drive, Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			None

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			None

PAID
AUG 20 1991
SEC'Y OF STATE

Dated August 19 91

(Name of Corporation) Allstate Restaurant Equipment, Inc.

By Giacomo Meo
Giacomo Meo

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51421 Annual Report for the year 1990

FIRST: The name of the corporation is Allstate Restaurant Equipment, Inc.

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	Director	
	Director	
Giacomo Meo	President	6 Rollingwood Drive, Lincoln, RI 02865
	Vice President	
Joyce A. Meo	Secretary	6 Rollingwood Drive, Lincoln, RI 02865
Giacomo Meo	Treasurer	6 Rollingwood Drive, Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			None

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300 PAID			None

AUG 20 1991

Dated August 19 91

SECY OF STATE

(Name of Corporation) Allstate Restaurant Equipment, Inc.

By Giacomo Meo
Giacomo Meo
President

Title

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51421 Annual Report for the year 1989

FIRST: The name of the corporation is Allstate Restaurant Equipment, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Manufacture and sale of new and used restaurant equipment, supplies, furnishings and accessories and all allied business.

FOURTH: If foreign corporation, address of its principal office No

FIFTH: Business address in Rhode Island 25 Esten Avenue, Pawtucket, Rhode Island 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Giacomo Meo	President	6 Rollingwood Drive, Lincoln, RI 02865
	Vice President	
Joyce A. Meo	Secretary	6 Rollingwood Drive, Lincoln, RI 02865
Giacomo Meo	Treasurer	6 Rollingwood Drive, Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			None

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			None

PAID
AUG 20 1991
SEC'Y OF STATE

Dated August 19 91

(Name of Corporation) Allstate Restaurant Equipment, Inc.

By Giacomo Meo
Giacomo Meo
President

Title Pres.

(Report must be signed by an officer)

Form 31 1/85