



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019 - Amended Corporation

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION

2019 AUG 14 PM 2:36

- 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 000051421		2. Exact name of the Corporation Allstate Restaurant Equipment, Inc.			
3. Principal Office Address 125 Esten Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island Selling and repair of restaurant equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Meo			Vice-President Name Steven Meo		
Street Address 125 Esten Avenue			Street Address 125 Esten Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Steven Meo			Treasurer Name Steven Meo		
Street Address 125 Esten Avenue			Street Address 125 Esten Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	No 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 Steven Meo				Date 8 / 8 / 2019	
Signature of Authorized Representative <i>Steven Meo</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

FILED
AUG 14 2019
 BY *CH EARLE*



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

August 14, 2019 02:36 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

