



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
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

FEB 21 2020

1. Entity ID Number <b>000313464</b>		2. Exact name of the Corporation <b>Allstate Conveyor Service, Incorporated</b>		BY <u>14942 OS</u>	
3. Principal Office Address <b>256 Terrace Blvd.</b>			City <b>Voorhees</b>	State <b>NJ</b>	Zip <b>08043</b>
4. NAICS Code <b>81-other services</b> <u>812990</u>		6. Brief description of the character of business conducted in Rhode Island <b>Conveyor service, repair, installation and maintenance</b>			
5. State of Incorporation <b>New Jersey</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Karla Porter</b>			Vice-President Name <b>William Porter</b>		
Street Address <b>256 Terrace Blvd.</b>			Street Address <b>256 Terrace Blvd.</b>		
City <b>Voorhees</b>	State <b>NJ</b>	Zip <b>08043</b>	City <b>Voorhees</b>	State <b>NJ</b>	Zip <b>08043</b>
Secretary Name <b>Karla Porter</b>			Treasurer Name <b>Karla Porter</b>		
Street Address <b>256 Terrace Blvd.</b>			Street Address <b>256 Terrace Blvd.</b>		
City <b>Voorhees</b>	State <b>NJ</b>	Zip <b>08043</b>	City <b>Voorhees</b>	State <b>NJ</b>	Zip <b>08043</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Karla Porter</b>			Director Name <b>William Porter</b>		
Street Address <b>256 Terrace Blvd.</b>			Street Address <b>256 Terrace Blvd.</b>		
City <b>Voorhees</b>	State <b>NJ</b>	Zip <b>08043</b>	City <b>Voorhees</b>	State <b>NJ</b>	Zip <b>08043</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VALUE
					0
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. <b>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.</b>					
Name of Authorized Representative <b>Karla Porter, President</b>					Date <b>2/12/2020</b>
Signature of Authorized Representative <u>Karla Porter</u> SIGNATURE (Must be handwritten)					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov