



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 132693 | | 2. Name of Corporation ALLSTATE FOOD SERVICE, INC. | | |
| 3. Street Address Principal Business Office 37 CARLSON CIRCLE | | City W. WARWICK | State RI | Zip 02893 |
| 4. Business Phone No. 401-301-7398 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL FOOD PRODUCTS AND SUPPLY FOOD PRODUCTS TO THE VENDING AND RETAIL BUSINESS | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name WILLIAM DAMORE | | Vice President Name FRANK DAMORE | | |
| Street Address 37 CARLSON CIRCLE | | Street Address 49 MEREDITH DR | | |
| City W. WARWICK | State RI | Zip 02893 | City COVENTRY | State RI |
| Secretary Name FRANK DAMORE | | Treasurer Name WILLIAM DAMORE | | |
| Street Address 49 MEREDITH DR | | Street Address 37 CARLSON CIRCLE | | |
| City COVENTRY | State RI | Zip 02816 | City W. WARWICK | State RI |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | | | |
| Number of Shares | Class/Series | Par Value | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| 100 NO PAR VALUE | | | ISSUED SHARES | |
| | | | Number of Shares | Class/Series |
| | | | 100 | Without Par |
| | | | | |

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



File Date **FILED**
APR 13 2005 1331
Check No.
By MB
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 William Damore 1/20/05
Date
Print or Type Name of Officer
WILLIAM DAMORE JR
Title of Officer
PRESIDENT



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| | | | | | |
|---|--------------------|--|---|--------------------|---------------------|
| 1. Corporate ID No. 132693 | | 2. Name of Corporation ALLSTATE FOOD SERVICE, INC. | | | |
| 3. Street Address Principal Business Office 37 Carlson Circle | | | City West Warwick | State RI | Zip 02893 |
| 4. Business Phone No. 401-497-7348 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL FOOD PRODUCTS AND SUPPLY FOOD PRODUCTS TO THE VENDING AND RETAIL BUSINESS | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name William Damon, Sr. | | | Vice President Name FRANK DAMON | | |
| Street Address 37 Carlson Circle | | | Street Address 49 MEREDITH DR | | |
| City West Warwick | State RI | Zip 02893 | City COVENTRY | State RI | Zip 02916 |
| Secretary Name FRANK DAMON | | | Treasurer Name William Damon, Sr. | | |
| Street Address 49 MEREDITH DR | | | Street Address 37 Carlson Circle | | |
| City COVENTRY | State RI | Zip 02916 | City West Warwick | State RI | Zip 02893 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> | | | | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 NO PAR VALUE | | | NONE | | |
| | | | | | |

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



* 1 3 2 6 9 3 *

FILED

File Date **JAN 22 2004**

Check No. **1113 GMA**

By: **1113 GMA**

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.

William Damon, Sr. 1/3/03
Signature of Officer Date

William Damon, Sr.
Print or Type Name of Officer

PRESIDENT
Title of Officer