



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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

STAMP

JAN 11 2021

BY

3306 DS

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 483200	6. Brief description of the character of business conducted in Rhode Island SELLING + REPAIR OF NEW + USED RESTAURANT EQUIPMENT		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name STEVEN MED		Vice-President Name STEVEN MED	
Street Address 15 ORCHARD DRIVE		Street Address 15 ORCHARD DRIVE	
City HOPE	State RI	Zip 02831	City HOPE
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name SAME AS ABOVE		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		300	
		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.			
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 MED			Date 1/5/21
Signature of Authorized Representative <i>Steven Med</i>			

MAIL TO:

Division of Business Services

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

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