



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 01 2024

1525 02

1. Entity ID Number 000145427		2. Exact name of the Corporation ALLSTATE TREE & LANDSCAPE, INC.										
3. Principal Office Address PO BOX 3593			City CRANSTON	State RI	Zip 02910							
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND RESIDENTIAL LANDSCAPING AND DESIGN										
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>							
President Name KEITH SULLIVAN			Vice-President Name									
Street Address PO BOX 3593			Street Address									
City CRANSTON	State RI	Zip 02910	City	State	Zip							
Secretary Name			Treasurer Name KEITH SULLIVAN									
Street Address			Street Address PO BOX 3593									
City	State	Zip	City CRANSTON	State RI	Zip 02910							
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										
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>50</td> <td></td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50		NPV	
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
50		NPV										
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 KEITH SULLIVAN					Date 1/30/2024							
Signature of Authorized Representative <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> RES. </div> </div>												

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov