RI SOS Filing Number: 202565949660 Date: 2/25/2025 4:00:00 PM

State of Rhode Islan	nd				1-11-1			
Department of State - Business Services Division						STAMP		
Annual Report for the year: 2025								
Corporation → Filing period: February 1 - May 1						notes and the state		
Filing Fee: \$50.00						8 2		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.						25		
1. Entity ID Number	2. Exact name of	the Corporation				25>		
001703441	Allstate Sandblasting, Inc.					<b>T</b>	· 3	
3. Principal Office Address		<del></del> -	City		State		Zip	
320 Smith Street			North I	Kingstown	RI	5ບ	02852	
4. NAICS Code	6. Brief description	6. Brief description of the character of business conducted in Rhode I						
238990	Sandblasting and painting.							
5. State of Incorporation	1							
RHODE ISLAND								
7. List ALL officers (names and ac	dresses)	<del></del>	<del></del>	Check the l	ox to indica	ite an atla	ichment 🗆	
President Name Steven F. Elliott, Jr.				Vice-President Name None				
				Street Address				
Street Address 320 Smith Stre	011001 2001033							
City North Kingstown	State RI	<sup>Zip</sup> 02852	City		State		Zip	
Secretary Name Steven F. Elliott, Jr.			Treasurer Name Kenneth P. Elliott					
Street Address 320 Smith Street			Street Address 320 Smith Street					
City Nortrh Kingstown	State RI	<sup>Zip</sup> 02852	City Nor	th Kingstown	State R		<sup>ZJp</sup> 02852	
8. List ALL directors (names and a	addresses)			Check the	box to indica	ate an atta	chment 🗆	
Director Name Steven F. Ellio	tt, Jr.		Director Na	<sup>ame</sup> Kenneth P. El	liott			
Street Address 320 Smith Street			Street Address 320 Smith Street					
City North Kingstown	State RI	<sup>Zip</sup> 02852		th Kingstown	State R	l	Zip 02852	
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City		State	-	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issu		Check the	box to indic	ate an att	achment 🖂	
This information is currently of record in the Department of State.			NUMBER OF SHARES		ËS	PAR VALUE		
		100		Common		No Par Value		
Changes require an additional filing	-							
11. This report must be executed ceiver or trustee, this report must	on behalf of the colbe executed on be	poration by an a	uthorized repartion by the	presentative. If the corpreceiver or trustee.	oration is in	the hand	s of a re-	
Under penalty of perjury, I deci	are and affirm that	l I have examine	d this repo	rt, including any acco	mpanying :	schedule	s and	
statements, and that all statements and that all statements and that all statements are statements.		rein are true and	d correct	<u> </u>	Date ,	• 1		
STEVEN F. ELLIOTT, JR., PRESIDENT				1/25/25				
Signature of Authorized Represer	ntative				. 1/-0	1		
V 572912			FILE	n vv				
MAIL TO:		j		HH.	1.00	AIV	<b>l</b> .	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov  FEB 2 5 2025 FORM 630- Revised: 12/2023								
Phone: (401) 222-3040  Website: www.sos.ri.gov  FORM 630- Revised: 12/2023								
Website: www.sos.ri.gov								