



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001703441		2. Exact name of the Corporation Allstate Sandblasting, Inc.			
3. Principal Office Address 320 Smith Street		City North Kingstown		State RI	Zip 02852
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Sandblasting and painting.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Steven F. Elliott, Jr.			Vice-President Name None		
Street Address 320 Smith Street			Street Address		
City North Kingstown	State RI	Zip 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 North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Steven F. Elliott, Jr.			Director Name Kenneth P. Elliott		
Street Address 320 Smith Street			Street Address 320 Smith Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value
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. <i>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.</i>					
Name of Authorized Representative STEVEN F. ELLIOTT, JR., PRESIDENT					Date 1/25/25
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 25 2025
BY LOT H90 AA.
10:50 AM.

FORM 630- Revised: 12/2023