



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 04 2025

BY 16050

1. Entity ID Number 000000737		2. Exact name of the Corporation Allstate Builders, Inc.			
3. Principal Office Address 41 Shepard Avenue			City Providence	State RI	Zip 02904
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General Construction of Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Salvatore Compagnone, Jr			Vice-President Name Salvatore Compagnone, Jr		
Street Address 60 Leo Avenue			Street Address 60 Leo Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Salvatore Compagnone, Jr			Treasurer Name Salvatore Compagnone, Jr		
Street Address 60 Leo Avenue			Street Address 60 Leo Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Salvatore Compagnone, Jr.			Director Name		
Street Address 60 Leo Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
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 ☐		
			NJMBFR OF SHARES CLASS/SERIES PAR VALUE		
			150	Common	No Par
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 Salvatore Compagnone, Jr.					Date 2/27/25
Signature of Authorized Representative <i>Salvatore Compagnone Jr</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023