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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No	2. Name of Corporation		
000114671	EQUIPMENT SERVICE CORPORATION USA		
3. Street Address Principal Business Office	City	State	Zip
685 SHIPPEETOWN ROAD	EAST GREENWICH	RI	02818
4. Business Phone No.	5. State of Incorporation		
401-884-7534	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
DUNCAN CAREW	DUNCAN CAREW
Street Address: 685 SHIPPEETOWN ROAD	Street Address: 685 SHIPPEETOWN ROAD
City: EAST GREENWICH State: RI Zip: 02818	City: EAST GREENWICH State: RI Zip: 02818
Secretary Name	**Treasurer Name**
DUNCAN CAREW	DUNCAN CAREW
Street Address: 685 SHIPPEETOWN ROAD	Street Address: 685 SHIPPEETOWN ROAD
City: EAST GREENWICH State: RI Zip: 02818	City: EAST GREENWICH State: RI Zip: 02818

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name	**Director Name**
NONE	NONE
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED 8000

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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.

[redacted]

[redacted]

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.

Duncan Carew 12-31-09
Signature *Date*

DUNCAN CAREW
Print or Type Name

PRESIDENT
Title

File Date	1-04-2010
Check No.	12744
By:	MNC

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 08/08

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