



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 71992		2. Exact name of the Corporation ESMOND MANUFACTURING CO., INC.			
3. Principal office address 169 North View Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 942-9103		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island the manufacture and sales of screw machines products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gerald T. Dionne			Vice-President Name		
Street Address 9 Hartford Pike			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Mark Dionne			Treasurer Name Denise C. Dionne		
Street Address 52 Farnum Pike			Street Address 9 Hartford Pike		
City Smithfield	State RI	Zip 02917	City Foster	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gerald T. Dionne			Director Name		
Street Address 9 Hartford Pike			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		common		no par value	

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 20 2013
 6894

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.

Gerald T. Dionne Pres. 2/13/13
 Signature of Authorized Representative Date

Gerald T. Dionne
 Print or Type Name of Authorized Representative