



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. <b>103918</b>		2. Exact name of the Corporation <b>E.R. SMITH ASSOCIATES, INC.</b>		
3. Principal office address <b>83 Tom Harvey Road</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>(401) 348-4000</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>engage in the business of manufacturing and remanufacturing printing equipment</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Frank Andalaro</b>		Vice-President Name <b>Christopher Andalaro</b>		
Street Address <b>83 Tom Harvey Road</b>		Street Address <b>83 Tom Harvey Road</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>
Secretary Name <b>Jennifer York</b>		Treasurer Name <b>Frank Andalaro</b>		
Street Address <b>83 Tom Harvey Road</b>		Street Address <b>83 Tom Harvey Road</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Frank Andalaro</b>		Director Name <b>Christopher Andalaro</b>		
Street Address <b>83 Tom Harvey Road</b>		Street Address <b>83 Tom Harvey Road</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>
Director Name <b>Jennifer York</b>		Director Name		
Street Address <b>83 Tom Harvey Road</b>		Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State
9. SHARES AUTHORIZED				
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
		180	common	no par
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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.

*Frank Andalaro*  
 Signature of Authorized Representative  
**Frank Andalaro**  
 Print or Type Name of Authorized Representative  
 Date **6/12/13**

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 14 2013

By *mme*  
*CA # 73234*