



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

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

FILED

JUN 14 2013

Form No. 630
Revised: 01/2012

By mne

CA # 73234

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.

Signature of Authorized Representative

Frank Andalaro

Print or Type Name of Authorized Representative

6/12/13
Date