



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. 507724		2. Exact name of the Corporation Elevator Service Company, Inc.			
3. Principal office address 47 Water Street			City Torrington	State CT	Zip 06790-5319
4. Business Phone No. 203-757-5000			5. State of Incorporation Connecticut		
6. Brief description of the character of business conducted in Rhode Island Sells, installs, services and maintains residential and commercial elevators and vertical platform lifts					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven M. Roth			Vice-President Name Paul B. Farnsworth		
Street Address 1750 Weed Road			Street Address 1809-1 Middletown Avenue		
City Torrington	State CT	Zip 06790	City Northford	State CT	Zip 06472-0147
Secretary Name Paul B. Farnsworth			Treasurer Name N/A		
Street Address 1809-1 Middletown Avenue			Street Address		
City Northford	State CT	Zip 06472-0147	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	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
			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.

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY JUN 17 2013

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

Date

Steven M. Roth

Print or Type Name of Authorized Representative

By mme
CU # 4434