



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 2015

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 machine 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

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.

FILED
JAN 30 2015

File Date

Check No

By

BY

7593

FOR SECRETARY OF STATE USE ONLY

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
Signature of Authorized Representative

1/31/15
Date

Gerald T. Dionne, President

Print or Type Name of Authorized Representative