

## 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

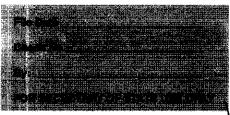
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2016

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.	2. Exact name of	2. Exact name of the Corporation				
000869915	ERES In	ternational	, Inc.			
3. Principal office address			City	State_	Zip	
1401 Regency Drive East			Savoy	IL	<sup>Zip</sup> 61874	
4. Business Phone No.			5. State of Incorporation			
217-356-5945			Illinois			
6. Brief description of the charact	er of business cond	lucted in Rhode Island		·		
		m				
Maintenance and	update or	Equipment				
entropy demonstrating interesting to the control of						
President Name			Vice-President Name			
Abbas A. Butt			None			
Street Address 2109 Crossgate Court			Street Address			
	1					
City Champaign	State IL	Zip 61822	City	State	Zip	
Secretary Name	1 10	101022				
Timothy A. Worstell			Treasurer Name			
Street Address			John F. Touma Street Address			
219 North Third St.			1401 Regency Drive East			
City	State	Zip	City	State	Zip 61874	
Fisher	IL	61843	Savoy	IL	618/4	
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Director Name			Director Name			
Fadlo T. Touma			None			
Street Address 1401 Regency Dri	ve East		Street Address			
City	State	Zip	City	State	Zip	
Savoy	IL	61874				
Director Name			Director Name			
None			None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		20 000 00	Stk	\$0.0000		
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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

2 - 12 - 2016 Date

Abbas A. Butt

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012