

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.

_		LE THIS REPORT BY M	ARCH 31 WILL RESI	JLT IN A \$25.00 PENA	LTY FEE.	
1. Entity ID No.		2. Exact name of the Corporation Esta Products Company				
13537	ESta Pi					
3. Principal office address 16 Missouri Drive			City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-737-8385			5. State of Incorporation Rhode Island			
6. Brief description of the cha Manufacturing	aracter of busines	s conducted in Rhode Island	1		SE C 2016	
7. LIST ALL OFFICERS (NA	AMES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Catherine Staley			Vico-President Name Michael Staley Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ			
Street Address 16 Missouri Drive			Street Address 16 Missouri Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip = 35 ST	
Secretary Name Antranig Moorvatrian			Treasurer Name David C. Staley			
Street Address 1221 Post Road			Street Address 16 Missouri Drive			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02886	
B. LIST <u>ALL</u> DIRECTORS (I	NAMES AND ADD	RESSES) ("X" BOX FOR				
Director Name David C. Staley			Director Name Michael Staley			
Street Address 16 Missouri Drive			Street Address 16 Missouri Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	^{Zip} 02886	
Director Name			Director Name	 -		
Street Address			Street Address		•	
Dity	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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	
			400	Common	None	
This report must be execute	ed on behalf of the	corporation by an authorize ast be executed on behalf of	ed representative. If the c	orporation is in the hands	of a receiver or trustee,	
	ило тероп ти	St DS EXECUTED ON DENAM OF	Under penalty of pe	rjury, I declare and affin	m that I have examined	
File Date			this report, including	g any accompanying sonts contained hereit ar	chedules and statements	
Check No			ather	iné sti	Deel 1.11	
By:		FILED	Signature of Authorit Catherine Stale		Date	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012

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