



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island manufacture and sales of screw machine products												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Gerald T. Dionne			Vice-President Name n/a											
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) Check the box to indicate an 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	common	no par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	common	no par value												
11. 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. 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.														
Name of Authorized Representative Gerald T. Dionne, President				Date 2/23/17										
Signature of Authorized Representative <i>Gerald T. Dionne, President</i>														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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