



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 000787862		2. Exact name of the Corporation Industrial Consulting and Essentials Inc.			
3. Principal Office Address 11 Greenfield Ave.			City Providence	State RI	Zip 02871
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Industrial Consulting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					RECEIVED STATE DEPT. OF STATE BUS. SVCS. DIV. MAR - 8 AM 11:39
President Name Kristine L. Ferro			Vice-President Name None		
Street Address 11 Greenfield Ave			Street Address		
City Providence	State RI	Zip 02871	City	State	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristine L. Ferro			Director Name None		
Street Address 11 Greenfield Ave			Street Address		
City Providence	State RI	Zip 02871	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"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			4	STK	.01
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 Kent L...					Date 3/3/17
Signature of Authorized Representative					

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

MAR 03 2017

By **297379**