



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 795769		2. Exact name of the Corporation ETS PC, INC.			
3. Principal Office Address 14143 DENVER WEST PARKWAY, SUITE 450		City LAKEWOOD		State CO	Zip 80401
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island CLAIMS ADJUSTING, INVESTING, APPRAISING AND SETTLING INSURANCE CLAIMS			
5. State of Incorporation CO					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KIRK J EBERL			Vice-President Name		
Street Address 14143 DENVER WEST PARKWAY, SUITE 450			Street Address		
City LAKEWOOD	State CO	Zip 80401	City	State	Zip
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 KIRK J EBERL			Director Name		
Street Address 14143 DENVER WEST PARKWAY, SUITE 450			Street Address		
City LAKEWOOD	State CO	Zip 80401	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		
			1,000.00 CNP 0		
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 AMANDA GILDEA, ACCOUNTANT				Date 08/17/2017	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

AUG 25 2017

BY

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FORM 630 - Revised: 02/2017