



State of Rhode Island and Providence Plantations

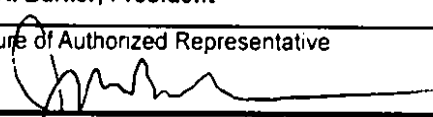
Department of State - Business Services Division

Annual Report for the year: **2018**
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 92529		2. Exact name of the Corporation ES Holdings, Inc.			
3. Principal Office Address 27 Maple Road			City Warren	State RI	Zip 02885
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island The design, fabrication and manufacture of roof fasteners.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John R. Barker			Vice-President Name John R. Barker		
Street Address 27 Maple Road			Street Address 27 Maple Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name John R. Barker			Treasurer Name John R. Barker		
Street Address 27 Maple Road			Street Address 27 Maple Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 John R. Barker, President					Date 1/8/18
Signature of Authorized Representative 					

FILED

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

JAN 23 2018
BY **1190 DS**

FORM 630 - Revised: 10/2017