



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.

STAMP

1. Entity ID Number 552962		2. Exact name of the Corporation ISES, INC.			
3. Principal Office Address 126 DELLWOOD ROAD			City CRANSTON	State RI	Zip 02920
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island TO AUTHENTICATE PHILATELIC ITEMS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SANDEEP JAISWAL			Vice-President Name WILLIAM DANFORTH WALKER		
Street Address 126 DELLWOOD ROAD			Street Address 16517 OLD FREDEICK ROAD		
City CRANSTON	State RI	Zip 02920	City MOUNTAURY	State MD	Zip 21771
Secretary Name SANDEEP JAISWAL			Treasurer Name SANDEEP JAISWAL		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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 SANDEEP JAISWAL					Date FEB, 8, 2018
Signature of Authorized Representative					
SIGN DOCUMENT HERE FILED					

MAIL TO:

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

MAR 16 2018

BY 27492 DS

FORM 630 - Revised: 10/2017