State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation
552962	ISES, INC.

3. Principal Office Address	City	State	Zip
126 DELLWOOD ROAD	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541990	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	Vice-President Name
SANDEEP JAISWAL	WILLIAM DANFORTH WALKER
Street Address: 126 DELLWOOD ROAD	Street Address: 16517 OLD FREDEICK ROAD
City: CRANSTON, State: RI, Zip: 02920	City: MOUNTAIRY, 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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	2000	COMMON	$0.01
Changes require an additional filing.			

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	Date
SANDEEP JAISWAL	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.ri.gov

MAR 16 2018
BY 27492 DS

FORM 630 - Revised: 10/2017