



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

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 000114071		2. Exact name of the Corporation EQUIPMENT SERVICE CORPORATION USA	
3. Principal Office Address 685 SHIPPEETOWN ROAD		City EAST GREENWICH	State RI
		Zip 02818	
4. NAICS Code 811219	6. Brief description of the character of business conducted in Rhode Island SELL EQUIPMENT PARTS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DUNCAN CAREW		Vice-President Name DUNCAN CAREW	
Street Address 685 SHIPPEETOWN ROAD		Street Address 685 SHIPPEETOWN ROAD	
City EAST GREENWICH	State RI	City EAST GREENWICH	State RI
Zip 02818		Zip 02818	
Secretary Name DUNCAN CAREW		Treasurer Name DUNCAN CAREW	
Street Address 685 SHIPPEETOWN ROAD		Street Address 685 SHIPPEETOWN ROAD	
City EAST GREENWICH	State RI	City EAST GREENWICH	State RI
Zip 02818		Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. 8000 Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES NONE	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 DUNCAN CAREW		Date 2-8-19	
Signature of Authorized Representative Duncan Carew			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 21 2019

FORM 630 - Revised: 10/2017

BY 14162 DS