



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

Annual Report for the year: 2018  
 Corporation

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 CORPORATIONS DIV  
 2019 APR 30 AM 9:34

- 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<br><b>000553796</b>  |                    | 2. Exact name of the Corporation<br><b>Eastern Shed Company, Inc</b>  |   |                        |                     |
| 3. Principal Office Address<br><b>20A Owens Court, PO Box 456</b>  |                    |   | City<br><b>Hampstead</b>                        | State<br><b>NH</b>     | Zip<br><b>03841</b> |
| 4. NAICS Code<br><b>444190</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Sales &amp; deliveries of storage sheds</b> |   |                        |                     |
| 5. State of Incorporation<br><b>NH</b>   |                    |   |   |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                        |                     |
| President Name<br><b>Kevin Bartolotta</b>  |                    |   | Vice-President Name<br><b>JoAnne Bartolotta</b> |                        |                     |
| Street Address<br><b>PO Box 456</b>  |                    |   | Street Address<br><b>PO Box 456</b>             |                        |                     |
| City<br><b>Hampstead</b>   | State<br><b>NH</b> | Zip<br><b>03841</b>   | City<br><b>Hampstead</b>                        | State<br><b>NH</b>     | Zip<br><b>03841</b> |
| Secretary Name<br><b>Kevin Bartolotta</b>  |                    |   | Treasurer Name<br><b>JoAnne Bartolotta</b>      |                        |                     |
| Street Address<br><b>PO Box 456</b>  |                    |   | Street Address<br><b>PO Box 456</b>             |                        |                     |
| City<br><b>Hampstead</b>   | State<br><b>NH</b> | Zip<br><b>03841</b>   | City<br><b>Hampstead</b>                        | State<br><b>NH</b>     | Zip<br><b>03841</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                        |                     |
| Director Name<br><b>Kevin Bartolotta</b>   |                    |   | Director Name                                   |                        |                     |
| Street Address<br><b>PO Box 456</b>  |                    |   | Street Address                                  |                        |                     |
| City<br><b>Hampstead</b>   | State<br><b>NH</b> | Zip<br><b>03841</b>   | City  | State                  | Zip                 |
| Director Name<br><b>JoAnne Bartolotta</b>  |                    |   | Director Name                                   |                        |                     |
| Street Address<br><b>PO Box 456</b>  |                    |   | Street Address                                  |                        |                     |
| City<br><b>Hampstead</b>   | State<br><b>NH</b> | Zip<br><b>03841</b>   | City  | State                  | Zip                 |
| 9. Shares Authorized   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>         |   |                        |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |   | CLASS/SERIES           | PAR VALUE           |
|  |                    | <b>50</b>   |   | <b>0</b>               | <b>0</b>            |
|  |                    | <b>50</b>   |   | <b>0</b>               | <b>0</b>            |
| 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.<br><b>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.</b> |                    |   |   |                        |                     |
| Name of Authorized Representative<br><b>JoAnne Bartolotta</b>  |                    |   |   | Date<br><b>4/29/19</b> |                     |
| Signature of Authorized Representative<br>   |                    |   |   | <b>FILED</b>           |                     |
| SIGN DOCUMENT HERE   |                    |   |   |                        |                     |

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