



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (87928), 2. Name of Corporation (E:S Tool & Die Co Inc), 3. Street Address (PO Box 6879), 4. Business Phone No. (401-737-8101), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (1099), 7. Brief Description of the Character of Business (MACHINE ENGRAVING SERVICES), 8. NAMES AND ADDRESSES OF THE OFFICERS (Stephen S. Richardson, Rita D. Richardson), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (NONE).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2.3.05
Check No.: 2848
By: [Signature]

Signature of Officer: Rita Richardson
Date: 1-30-05
Print or Type Name of Officer: RITA RICHARDSON
Title of Officer: J.P.

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. (87928), Name of Corporation (E:S Tool & Die Co Inc), Street Address (397 RICHMOND ST), Business Phone No. (401 751 4885), State of Incorporation (RHODE ISLAND), Brief Description (MACHINE ENGRAVING SERVICES), Officers (STEPHENS RICHARDSON, RITA D. RICHARDSON), Directors, Shares Authorized (1,000 NO PAR VALUE), Shares Issued (NONE).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 7 9 2 8 *

File Date: 2.3.04
Check No.: 2394
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Rita Richardson
Date:
Print or Type Name of Officer: RITA D. RICHARDSON
Title of Officer: UP.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **87928** 2. Name of Corporation **E:S Tool & Die Co Inc**
3. Street Address Principal Business Office **397 RICHMOND ST** City **PROV.** State **RI** Zip **02903**
4. Business Phone No. **401 751-4885** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
ENGRAVING STEEL DIES (PANTOGRAPH)

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name STEPHEN S. RICHARDSON	Vice President Name RITA RICHARDSON
Street Address 149 IMPERIAL DR	Street Address 149 IMPERIAL DR
City WARWICK State RI Zip 02886	City WARWICK State RI Zip 02886
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
NOTES

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-31-03
Check No.: 1911
By: [Signature]

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.

Signature of Officer: Rita Richardson Date: 2-1-03
Print or Type Name of Officer: RITA RICHARDSON
Title of Officer: VP



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87928** 2. Name of Corporation **E:S Tool & Die Co Inc**
3. Street Address Principal Business Office **397 RICHMOND ST** City **PROVIDENCE** State **RI** Zip **02903**
4. Business Phone No. **401 751 4885** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
ENGRAVING STEEL DIES (PANTOGRAPH)

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name STEPHEN S. RICHARDSON	Vice President Name RITA D. RICHARDSON
Street Address 149 IMPERIAL DR	Street Address 149 IMPERIAL DR
City WARWICK State RI Zip 02886	City WARWICK State RI Zip 02886

Secretary Name _____ Treasurer Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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 _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 7 9 2 8 *

File Date: 2/14/02
Check No.: 61458
By: RB

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.

Rita Richardson 2-11-02
Signature of Officer Date

RITA D. RICHARDSON
Print or Type Name of Officer

VP
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87928** 2. Name of Corporation **E:S Tool & Die Co Inc**
3. Street Address Principal Business Office **397 RICHMOND ST** City **PROVIDENCE** State **RI** Zip **02903**
4. Business Phone No. **401-751-4885** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
ENGRAVING (PANTOGRAPH) OF STEEL DIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name STEPHEN S. RICHARDSON	Vice President Name RITA D. RICHARDSON
Street Address 149 IMPERIAL DR	Street Address 149 IMPERIAL DR
City WARWICK State RI Zip 02886	City WARWICK State RI Zip 02886
Secretary Name	Treasurer Name

Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/2
Check No.: 1009
By: [Signature]

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.
Rita Richardson 1-15-00
Signature of Officer Date
RITA RICHARDSON
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87928** 2. Name of Corporation **E:S Tool & Die Co Inc**

3. Street Address Principal Business Office **397 RICHMOND ST** City **PROV** State **RI** Zip **02903**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
ENGRAVING OF STEEL DIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **STEPHEN S. RICHARDSON**
Street Address **149 IMPERIAL DR**
City **WARWICK** State **RI** Zip **02886**
Secretary Name

Vice President Name **RITA RICHARDSON**
Street Address **149 IMPERIAL DR**
City **WARWICK** State **RI** Zip **02886**
Treasurer Name

Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 7 9 2 8 *

File Date: 1/20/00

Check No.: 2105

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Rita Richardson 1-17-00
Signature of Officer Date

RITA RICHARDSON
Print or Type Name of Officer

VP
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87928** 2. Name of Corporation **E:S Tool & Die Co Inc**
3. Street Address Principal Business Office
397 RICHMOND ST City **PROVIDENCE** State **RI** Zip **02903**
4. Business Phone No. **401-751-4885** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
PANTOGRAPH STEEL EMBLEMATIC DIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name STEPHEN S. RICHARDSON	Vice President Name RITA D. RICHARDSON
Street Address 149 IMPERIAL DR.	Street Address 149 IMPERIAL DR.
City WARWICK State R.I. Zip 02886	City WARWICK State RI Zip 02886
Secretary Name NONE	Treasurer Name NONE
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2029/99**
Check No.: **1037**
By: **SD. / [Signature]**

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.

Signature of Officer: **Rita Richardson** Date: **1-4-99**
Print or Type Name of Officer: **RITA RICHARDSON**
Title of Officer: **V.P.**

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87928** 2. Name of Corporation **E:S Tool & Die Co Inc**
 3. Street Address Principal Business Office **397 RICHMOND ST** City **PROVIDENCE** State **R.I.** Zip **02903**
 4. Business Phone No. **401-751-4885** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
PANTOGRAPH STEEL DIES FOR VARIOUS MFG'S.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name STEPHEN S. RICHARDSON	Vice President Name RITA RICHARDSON
Street Address 149 IMPERIAL DR	Street Address 149 IMPERIAL DR
City WARWICK State R.I. Zip 02886	City WARWICK State R.I. Zip 02886
Secretary Name NONE	Treasurer Name NONE
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS	NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE	NONE	NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-12-98
 Check No.: 1037
 By: WP

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.
 Signature of Officer: Rita Richardson Date: 1-9-98
 Print or Type Name of Officer: RITA RICHARDSON
 Title of Officer: VP



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87928** 2. Name of Corporation **E:S Tool & Die Co Inc**
 3. Street Address Principal Business Office **397 Richmond St.** City **Providence** State **R.I.** Zip **02903**
 4. Business Phone No. **(401)751-4885** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island
Pantograph steel Dies for various MFG.'s by machine & hand (emblematic dies)

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Stephen S. Richardson Street Address 149 Imperial Dr. City Warwick State R.I. Zip 02886 Secretary Name NONE Street Address NONE City NONE State NONE Zip NONE	Vice President Name Rita Richardson prior (McDonough) Street Address 149 Imperial DR. City Warwick State R.I. Zip 02886 Treasurer Name NONE Street Address NONE City NONE State NONE Zip NONE
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE
Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
1,000 SHS NO PAR VALUE	NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/6/97
 Check No.: 627
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

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.
 Signature of Officer: [Signature] Date: 3-1-97
 Print or Type Name of Officer: Stephen S. Richardson
 Title of Officer: PRESIDENT