



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

FILED

JAN 27 2020

BY 2036

Annual Report for the year: **2020**
 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 13030		2. Exact name of the Corporation ENGINEERED SPECIALTIES, INC.			
3. Principal Office Address 101 Commercial Way			City East Providence	State RI	Zip 02914
4 NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island Manufacturer's agent.			
5 State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lee A. Sprague			Vice-President Name None.		
Street Address 101 Commercial Way			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Lee A. Sprague			Treasurer Name Lee A. Sprague		
Street Address 101 Commercial Way			Street Address 101 Commercial Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lee A. Sprague			Director Name		
Street Address 101 Commercial Way			Street Address		
City East Providence	State RI	Zip 02914	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200	Common	No 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.					
<i>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.</i>					
Name of Authorized Representative Lee A. Sprague, President				Date 1/15/2020	
Signature of Authorized Representative <i>Lee A. Sprague</i>					

MAIL TO:
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 Website: www.sos.ri.gov