

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. **71992** 2. Name of Corporation **ESMOND MANUFACTURING CO., INC.**

3. Street Address Principal Business Office City State Zip

4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1073**

7. Brief Description of the Character of Business Conducted in Rhode Island

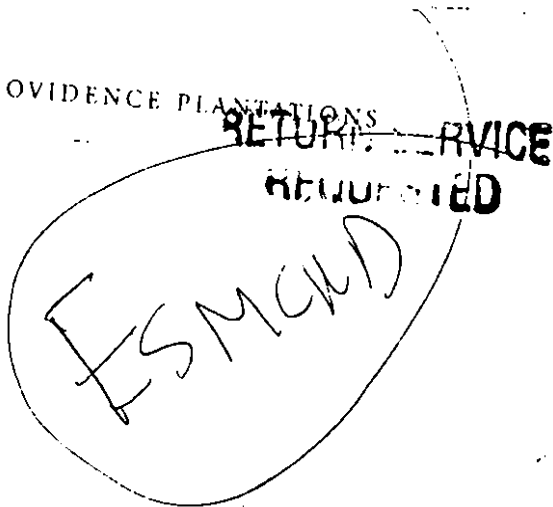
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Street Address	Street Address
City State Zip	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

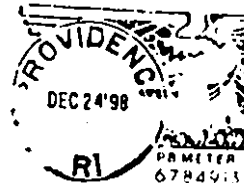
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
James R. Lungevin, Secretary of State



PRESURTER
FIRST CLASS



ESM0060 029113020 1A98 07 12/
RETURN TO SENDER
ESMOND MFG INC
169 N VIEW AVE
CRANSTON RI 02920-4832
RETURN TO SENDER

1. AUTO 02911

