



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 19 2021

B' 1695-DS

- 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 000071992		2. Exact name of the Corporation ESMOND MANUFACTURING CO., INC.			
3. Principal Office Address 169 North View Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 333519		6. Brief description of the character of business conducted in Rhode Island Manufacture and sales of screw machine products			
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 Gerald T. Dionne			Vice-President Name		
Street Address 67 Cardinal Drive			Street Address		
City Killingly	State CT	Zip 06241	City	State	Zip
Secretary Name Mark Dionne			Treasurer Name Denise C. Dionne		
Street Address 52 Farnum Pike			Street Address 67 Cardinal Drive		
City Smithfield	State RI	Zip 02917	City Killingly	State CT	Zip 06241
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
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		CLASS/SERIES	
		1000		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. 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 <i>DENISE C. DIONNE</i>				Date 2/16/21	
Signature of Authorized Representative <i>Denise C. Dionne</i>					

MAIL TO:
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