RI SOS Filing Number: 202192611330 State of Rhode Island			Date: 2/22	Date: 2/22/2021 4:00:00 PM			
Department of Rhode Isla	Division	ision FILED					
Annual Report for th	ne year: 2021				FFF	3 2 2 2021	
Corporation → Filing period: January 1 - March 1			_		10		
→ Filing Fee: \$50.00 → Penalty: Additional \$2	•	t filed by April 1.			BY\		
Entity ID Number 2. Exact name of the Corporation				· · · · · · · · · · · · · · · · · · ·		167	
001660224	ESI Environr	nental Services, Inc	•				
3. Principal Office Address 97 Londonderry Tpke			City Hooksett		State NH	2ip 03106	
4. NAICS Code	ter of business c	onducted in Rhode Is	sland				
562998	stormwater r	naintenance					
5. State of Incorporation							
NH							
7. List ALL officers (names a	nd addresses)	· · · · · · · · · · · · · · · · · · ·	T	Check	the box to indic	ate an attachment	
President Name Stephen Ebling			Vice-President Name Reg Strout				
Street Address 26 Plymouth Dr			Street Address 23 Drummer Trail				
City Saco	State ME	^{Zip} 04072	City Laconia		State NH	^{Zip} 03246	
Secretary Name	, <u> </u>	· · · · · · · · · · · · · · · · · · ·	Treasurer Nam	ne .	_		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)			Chack	the box to indic	ate an attachment	
Director Name Stephen Ebling	Director Name Reg Strout						
Street Address above	Street Address	Street Address above					
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zip	
O. Channa Authoriand		140.01					
9. Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		10000		common			
11. This report must be exec	cuted on behalf of the	corporation by an a	uthorized repres	entative. If the corpo	ration is in the t	nands of a receiver or	
trustee, this report must be e	executed on behalf of	the corporation by	the receiver or tri	ustee.			
Under penalty of perjury, I statements, and that all sta	declare and affirm to atements contained	hat I have examine herein are true an	ed this report, in d correct	ncluding any accon	npanying sche	dules and	
Name of Authorized Represe					Date		

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov