



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2021

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 22 2021

BY

1. Entity ID Number 001660224		2. Exact name of the Corporation ESI Environmental Services, Inc.			
3. Principal Office Address 97 Londonderry Tpke			City Hooksett	State NH	Zip 03106
4. NAICS Code 562998		6. Brief description of the character of business conducted in Rhode Island stormwater maintenance			
5. State of Incorporation NH					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Stephen Ebling			Director Name Reg Strout		
Street Address above			Street Address above		
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10000	common	0	
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 Reg Strout					Date 2/19/21
Signature of Authorized Representative Reg Strout					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020