



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 09 2023

BY

1. Entity ID Number 001682003		2. Exact name of the Corporation ES DEVELOPMENT & MANAGEMENT, CORPORATION			
3. Principal Office Address 120 WORCESTER STREET		City WEST BOYLSTON		State MA	Zip 01583
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION MANAGEMENT			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMIE HOLMES			Vice-President Name		
Street Address 36 BRIGHAM STREET			Street Address		
City HUDSON	State MA	Zip 01749	City	State	Zip
Secretary Name BRYAN MARINO			Treasurer Name JAMES MURPHY		
Street Address 33 OSBORNE HILL DRIVE			Street Address 91 FORT MEADOW DRIVE		
City SALEM	State MA	Zip 01970	City HUDSON	State MA	Zip 01749
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMIE HOLMES			Director Name BRYAN MARINO		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000		CNP		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 JAMIE HOLMES				Date JANUARY 2, 2023	
Signature of Authorized Representative 					

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: 11/2021