



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 17 2023

BY 2192

KS

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 Mark Dionne		Vice-President Name Megan Dionne			
Street Address 52 Farnum Pike		Street Address 52 Farnum Pike			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Megan Dionne		Treasurer Name Mark Dionne			
Street Address 52 Farnum Pike		Street Address 52 Farnum Pike			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark Dionne		Director Name			
Street Address 52 Farnum Pike		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 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 1000		CLASS/SERIES common	PAR VALUE 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 Mark Dionne				Date 3-9-23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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