RI SOS Filing Number: 202454430370 Date: 5/2/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division						FILED	
Annual Report for the year:						MAY 0 2 2024	
Corporation					_	I IK	
→ Filing period: February 1	- May 1				E	3Y(_)[]	
→ Filing Fee: \$50.00	for 41 or 1					\sim	
→ Penalty: Additional \$25.00 1. Entity ID Number						 	
001732339	2. Exact name of the Corporation E.S. Holdco, Inc.						
Principal Office Address		50, 1110.	ion		Io	Ta	
110 William Street			City	ort	State RI	^{Zip} 02840	
			Newp			02040	
4. NAICS Code	· ·	6. Brief description of the character of business conducted in Rhode Island					
531390	Holding company and any other lawful purpose.						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and ac	ddresses)			Check the	box to indic	ate an attachment 🔲	
President Name George Souza			Vice-President Name Michael Bush and Todd Clark				
Street Address 110 William Street			Street Address 110 William Street				
City Newport	State RI	^{Zip} 02840	City Nev	wport	State	RI 02840	
Secretary Name Todd Clark			Treasurer Name Michael Bush				
Street Address same as above		 .	Street Add	dress same as abo			
City	State	Zip	City		State	Zip	
Olly	State		City		State	12.19	
8. List ALL directors (names and a	addresses)				box to indic	ate an attachment 🗆	
Director Name			Director Name				
Street Address		. u =	Street Add	dress		·	
	State	Zip	City		State	Zip	
City	State	Zip	City		Siaic	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10 Sharas las	100	Chock th	o boy to indic	cate an attachment	
This information is currently of rece	ord in the	10. Shares Issu NUMBER OF		CLASS/SE		PAR VALUE	
Department of State.		300		common		no par value	
Changes require an additional filing.						<u> </u>	
						<u> </u>	
11. This report must be executed					rporation is in	the hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I declar					ompanyina	schedules and	
statements, and that all stateme	ents contained he						
Name of Authorized Representatives						1 5 5 20.21	
1 ///// April 23						ori/25,2024	
Signature of Authorized Represen	itative				Ţ		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov