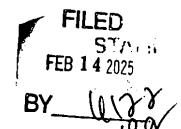
RI SOS Filing Number: 202565579470 Date: 2/14/2025 4:00:00 PM

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## State of Rhode Island Department of State - Business Services Division

- Sharmour of O	ate - Dusiness Ocivices Division
Annual Report for the year:	2025
Corporation .	<del></del>
Filing period: February 1 -	- May 1



Penalty: Additional \$25.00 fee if form is not filed by May 31.						Ug		
1. Entity ID Number 000115006	2. Exact name	2. Exact name of the Corporation E-source, Inc.						
3. Principal Office Address 60 Valley Street, Unit 4			City Provid	lence	State RI	Zip 02909		
4. NAICS Code	6. Brief descri	iption of the charact	er of busines	ss conducted in Rh	node Island			
423430	Wholesale	Wholesale distribution of electronics/Vintage Goods/Other and Supply						
State of Incorporation     MA		Chain and Real Estate Consulting						
7. List ALL officers (names and	addresses)				the box to indic	ate an attachment		
President Name Gene Fontaine			Vice-President Name none					
Street Address 60 Valley Street Unit 4			Street Address					
City Providence	State RI	<sup>Z<sub>1p</sub></sup> 02909	City		State	Zip		
Secretary Name None			Treasurer Name None					
Street Address			Street Add	Street Address				
City	State	Ζίρ	City	7	State	Zip		
8. List ALL directors (names and	d addresses)				the box to indic	ate an attachment 🔲		
Director Name Gene Fontaine			Director Na	Director Name None				
Street Address 60 Valley Street Unit 4			Street Address					
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02909	City		State	Zip		
Director Name None			Director Name None					
Street Address		Street Address						
City	State	Zip	City	<del></del>	State	Zip		
9. Shares Authorized						cate an attachment		
This information is currently of record in the Department of State.  Changes require an additional filing.		12000	SHARES	CWP	S/SERIES	1.00		
				OVVI				
11. This report must be execute	ed on behalf of the	corporation by an ar	uthorized rec	Loresentative. If the	corporation is in	n the hands of a re-		
ceiver or trustee, this report must Under penalty of perjury, I dec statements, and that all states	clare and affirm th	hat I have examine	d this repor	receiver or trustee rt, including any a	accompanying	schedules and		
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative						Date		
Gene Fontaine				2-1-25				
Signature of Authorized Represo	entative	Mr	$\overline{}$	-				

MAIL TO:

**Division of Business Services** 

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

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