



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

**Annual Report for the year: 2025**

**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**

**STA**  
**FEB 14 2025**

**BY**

*[Signature]*

1. Entity ID Number <b>000115006</b>		2. Exact name of the Corporation <b>E-source, Inc.</b>												
3. Principal Office Address <b>60 Valley Street, Unit 4</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>									
4. NAICS Code <b>423430</b>		6. Brief description of the character of business conducted in Rhode Island <b>Wholesale distribution of electronics/Vintage Goods/Other and Supply Chain and Real Estate Consulting</b>												
5. State of Incorporation <b>MA</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Gene Fontaine</b>			Vice-President Name <b>none</b>											
Street Address <b>60 Valley Street Unit 4</b>			Street Address											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip									
Secretary Name <b>None</b>			Treasurer Name <b>None</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Gene Fontaine</b>			Director Name <b>None</b>											
Street Address <b>60 Valley Street Unit 4</b>			Street Address											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip									
Director Name <b>None</b>			Director Name <b>None</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>12000</b></td> <td><b>CWP</b></td> <td><b>1.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>12000</b>	<b>CWP</b>	<b>1.00</b>			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>12000</b>	<b>CWP</b>	<b>1.00</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Gene Fontaine</b>					Date <b>2-1-25</b>									
Signature of Authorized Representative <i>[Signature]</i>														

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)