

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Cerporate ID No. 36649	2. Name of Corporation W.L. Mayer, Inc.				
3. Street Address Principal Business Office 10 BURNSIDE STREET			Gity BRISTOL	State RI	<i>Zip</i> 02809
4. Business Phone No. 401-253-7500 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING AND MARKETING SERVICES					
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) TILL IN SPACE Vice President Name	ES BEFORE USING AT	FACHMENTS
WILLIAM L. MAYER			A C T COME TO THE TOTAL CONTROL OF THE TOTAL CONTRO		
Street Address 10 BURNSIDE STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City:	State	Zip
Secretary Name	1	102000	Treasurer Name	.1	
Street Address			Street Address		
City	State	Ζip	City	State	Zφ
8. NAMES AND ADDRESSES	 OF THE DIRECTORS	· C"Y" ROY FOR ATT	ACHMENT) FILL IN CDA	CEC DEPONE HOME A	TOTAL CATALONNA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name			Director Name		
DAVID L. MAYER					
Street Address 45 BARBERRY HILL ROAD			Street Address		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	Chy	зине	Ζη
Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Vidue	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 PAR	VALUE		90	COMMON	\$1.00
					41.00
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.					
File Date 2-5-2010			Wina +	11 locares	2-4-16
005	179		Signature J-/	77	Date
Check No. OOO			William L. Mayer		
By:			Print or Type Name		
			President		
FOR SECRETARY OF STA		Title			
	-				Form 630 Rev. 12/06