



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 298495		2. Exact name of the Corporation Fuzion Design, Inc.			
3. Principal office address 150 Main Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. (401) 722-8555		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Industrial design, product definition, graphic/package design & corporate identify & any other lawful business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph Cacciola			Vice-President Name Wayne Blatchley		
Street Address 55 Miscoe Brook Drive			Street Address 207 Pleasant Street		
City Wrentham	State MA	Zip 02093	City Rumford	State RI	Zip 02916
Secretary Name Wayne Blatchley			Treasurer Name Joseph Cacciola		
Street Address 207 Pleasant Street			Street Address 55 Miscoe Brook Drive		
City Rumford	State RI	Zip 02916	City Wrentham	State MA	Zip 02093
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Cacciola			Director Name Wayne Blatchley		
Street Address 55 Miscoe Brook Drive			Street Address 207 Pleasant Street		
City Wrentham	State MA	Zip 02093	City Rumford	State RI	Zip 02916
Director Name <i>[Signature]</i>			Director Name <i>[Signature]</i>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par

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.

FILED

MAR 01 2012

File Date

Check No

By:

By:

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.

Signature of Authorized Representative

Date

Wayne Blatchley

Print or Type Name of Authorized Representative