



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 **2014**

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. 39234		2. Exact name of the Corporation Willco Sales & Service, Inc.			
3. Principal office address 38 Duka Avenue			City Fairfield	State CT	Zip 06825
4. Business Phone No. (203) 366-3895		5. State of Incorporation CT			
6. Brief description of the character of business conducted in Rhode Island Sales and installation of building partitions					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name D. Scott Tague			Vice-President Name		
Street Address 279 Sturgess Road			Street Address		
City Fairfield	State CT	Zip 06824	City	State	Zip
Secretary Name Laura Walker			Treasurer Name Laura Walker		
Street Address 385 Oldfield Road			Street Address 385 Oldfield Road		
City Fairfield	State CT	Zip 06824	City Fairfield	State CT	Zip 06824
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	
500		cwp		\$100.00	

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.

File Date
 Check No.
 By
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 03 2014

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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.

Laura Walker
 Signature of Authorized Representative

1/2/2014
 Date

Laura J. Walker, Treasurer

Print or Type Name of Authorized Representative