

1. Corporate ID No.

16895

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 2015

2. Name of Corporation E.E. WELLER CO., INC.

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.

3. Street Address Principal Business Office			City	State	Zip
253 Georgia Avenue			Providence	RI	02905
		5. State of Incorporati	on		
(401) 461-4275 Rhode Island					
6. Brief Description of the Manufacturing	Character of Business Conduc	ted in Rhode Island			
7. NAMES AND ADI	DRESSES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN	SPACES BEFORE USING	G ATTACHMENTS
President Name			Vice President Name		
Louis J. Saritelli			Andrew Coultas		
Street Address PO Box 113			Street Address PO Box 12		
City	State	Zip	City	State	Zip
Harmony	RI	02905	Glencoe	MO	63038
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	PRESSES OF THE DIRE	CTORS: ("X" BOX FOR		N SPACES BEFORE USI	NG ATTACHMENTS
Director Name			:	Director Name	
NONE			NONE		2 0m
Street Address			Street Address		ORP
City	State	Zip	City	State	Zip 30
Director Name			Diverse Name	l	
NONE			NONE 2 29		
Street Address				Street Address	
			ortes hadres		?: PA
City	State	Zţp	City	State	Zip 2 m
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AUTHORIZED SHARES Number of Sbares Class/Series Par Value			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Ciass/series	Par Value	Number of Shares	Class/Series	Par Value
900	Common	No Par Value	700	A	No Par Value
			78 H () H () H		Prince and a second
This report must be e	executed on behalf of the	e corporation by an autho	orized representative. If the	corporation is in the han	ds of a receiver or trustee,
•		FILED			
		AF 201	c		
		MAR 05 201	J. Under penalty of	perium I declare and affirm	that I have examined this report
		-91/20	including any acc	ompanying schedules and s	statements, and that all statements
		By AY	contained herein	re true and correct.	1 1
File Date				/ / h_	אווו/ב
		$\blacksquare 1 \land \triangle$.	Signature		Date
Check No.			Androw Co	vultae	
		1 1 ' '	Andrew Co		
<i>By</i> :			Print or Type Name		
FOR SECRETA	DV OF STATE LIST OVER	. •	Vice Pres	iaent	
	KT OF STATE USE ONLY				
	RY OF STATE USE ONLY	·	Title		Form 630 Rev. 12/06