



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 2016

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. 5489		2. Exact name of the Corporation Fandetti Fusion Co., Inc.			
3. Principal office address 582 Manville Rd.		City Woonsocket	State R.I.	Zip 02895	
4. Business Phone No. 401-232-0100		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Assembly work					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony F. Fandetti			Vice-President Name Karen F. Fandetti		
Street Address 582 Manville Rd.			Street Address 582 Manville Rd.		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
Secretary Name Karen Fandetti			Treasurer Name Karen Fandetti		
Street Address 582 Manville Rd.			Street Address 582 Manville Rd.		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			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 Same as on record			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
			0		0

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

BY 15300

FILED
MAR 10 2016

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.

Karen F. Fandetti
Signature of Authorized Representative
Karen F. Fandetti

2/22/16
Date

Print or Type Name of Authorized Representative