



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 8117		2. Exact name of the Corporation W. L. FULLER, INC.											
3. Principal Office Address 7 Cypress Street		City Warwick	State RI	Zip 02888									
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Machine Shop												
5. State of Incorporation Rhode Island													
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
President Name Gary R. Fuller		Vice-President Name Lisa A. Fuller											
Street Address 7 Cypress Street		Street Address 7 Cypress Street											
City Warwick	State RI	Zip 02888	City Warwick	State RI Zip 02888									
Secretary Name Deborah J. Fuller Diane L. Nobile-Asst. Sec		Treasurer Name Diane L. Nobile Deborah J. Fuller-Asst. Treas											
Street Address 7 Cypress Street		Street Address 7 Cypress Street											
City Warwick	State RI	Zip 02888	City Warwick	State RI Zip 02888									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
Director Name Gary R. Fuller Diane L. Nobile-Director		Director Name Lisa A. Fuller											
Street Address 7 Cypress Street		Street Address 7 Cypress Street											
City Warwick	State RI	Zip 02888	City Warwick	State RI Zip 02888									
Director Name Deborah J. Fuller Kevin P. MacIntyre-Director		Director Name Robert H. Breslin, Jr.											
Street Address 7 Cypress Street		Street Address 7 Cypress Street											
City Warwick	State RI	Zip 02888	City Warwick	State RI Zip 02888									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>500</td><td>Common</td><td>No Par Value</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE											
500	Common	No Par Value											
11. 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.													
Name of Authorized Representative Gary R. Fuller, President				Date 1/13/17									
Signature of Authorized Representative 													

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 27 2017

By **75789**

KUM

FORM 630 - Revised: 10/2016