



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 <b>65685</b>	2. Exact name of the Corporation <b>Contract Fusion, Inc.</b>
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3. Principal Office Address <b>99 MASSASOIT AVE.</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
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4. NAICS Code <b>81</b>	6. Brief description of the character of business conducted in Rhode Island <b>FUSION WELDING SERVICES, MARKETING OF FUSION WELDERS AND RELATED PRODUCTS</b>
5. State of Incorporation <b>RI</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN S. CARTER III</b>			Vice-President Name <b>NONE</b>		
Street Address <b>99 MASSASOIT AVE.</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>LETITIA CARTER</b>			Treasurer Name <b>JOHN S. CARTER III</b>		
Street Address <b>99 MASSASOIT AVE.</b>			Street Address <b>99 MASSASOIT AVE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN S. CARTER III</b>			Director Name <b>JOHN S. CARTER, JR.</b>		
Street Address <b>99 MASSASOIT AVE.</b>			Street Address <b>99 MASSASOIT AVE.</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100 #.01 PAR VAL</b>	<b>Common</b>	<b>.01</b>

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 <b>JOHN S. CARTER III</b>	Date <b>2/17/17</b>
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Signature of Authorized Representative 
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**FILED**

**FEB 21 2017**

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