State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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	2 Exact name of the Corporation
36649	W.L. Mayer, Inc.

3 Principal Office Address	City	State	Zip
10 Burnside Street	Bristol	RI	02809

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541910	Consulting and marketing services
5 State of Incorporation: RI	

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
William L. Mayer	
Street Address: 10 Burnside Street	Street Address
City: Bristol / State: RI / Zip: 02809	City / State / Zip
Secretary Name: Eileen Tavares	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
David L. Mayer	
Street Address: 45 Barberry Hill Road	Street Address
City: Providence / State: RI / Zip: 02916	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9 Shares Authorized	10 Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	90	Common	$1.00

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	Date
William L. Mayer	1-11-18

Signature of Authorized Representative: William L. Mayer

FILED
JAN 16 2018 02
021819

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

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