



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

STAFF  
 RECEIVED

**Annual Report for the year:** 2019  
**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>39234</b>		2. Exact name of the Corporation <b>Willco Sales &amp; Service, Inc.</b>			
3. Principal Office Address <b>18 King Street</b>			City <b>Stratford</b>	State <b>CT</b>	Zip <b>06615</b>
4. NAICS Code <b>23 8120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sales and installation of building partitions</b>			
5. State of Incorporation <b>CT</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>D. Scott Tague</b>			Vice-President Name		
Street Address <b>279 Sturgess Road</b>			Street Address		
City <b>Fairfield</b>	State <b>CT</b>	Zip <b>06824</b>	City	State	Zip
Secretary Name <b>Laura Walker</b>			Treasurer Name <b>Laura Walker</b>		
Street Address <b>385 Oldfield Road</b>			Street Address <b>385 Oldfield Road</b>		
City <b>Fairfield</b>	State <b>CT</b>	Zip <b>06824</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip <b>06824</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			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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		cwp	\$100.00
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. <i>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.</i>					
Name of Authorized Representative <b>D. Scott Tague, President</b>					Date <b>1/18/2019</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE <b>FILED</b>

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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**FEB 11 2019**  
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