



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 FEB 21 PM 2:54Annual 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>16895</b>		2. Exact name of the Corporation <b>E.E. Weller CO., Inc.</b>			
3. Principal Office Address <b>253 Georgia Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>339993</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacturing</b>				
5. State of Incorporation <b>Rhode Island</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>Louis J. Saritelli</b>			Vice-President Name <b>Andrew Coultas</b>		
Street Address <b>PO Box 113</b>			Street Address <b>PO Box 12</b>		
City <b>Harmony</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Glencoe</b>	State <b>MO</b>	Zip <b>63038</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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
		<b>700</b>	<b>A</b>	<b>No Par Value</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. <b>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.</b>					
Name of Authorized Representative <b>Andrew Coultas</b>					Date <b>1/25/19</b>
Signature of Authorized Representative 					

PHOTO DOCUMENT HERE

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

FEB 21 2019  
BY **L Y PW HRG**  
3:54  
FORM 630 - Revised: 10/2017