



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 26 2020

*2*Annual Report for the year: **2020**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

74 *002977*

1. Entity ID Number 36649		2. Exact name of the Corporation W.L. Mayer, Inc.			
3. Principal Office Address 10 Burnside Street		City Bristol		State RI	Zip 02809
4. NAICS Code 541910		6. Brief description of the character of business conducted in Rhode Island Consulting and marketing services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William L. Mayer			Vice-President Name		
Street Address 10 Burnside Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name			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 <input type="checkbox"/>					
Director Name David L. Mayer			Director Name		
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 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"/>		
			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 William L. Mayer					Date 2-23-20
Signature of Authorized Representative <i>William L. Mayer</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017