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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2021 Corporation

FILEDSTAMP

PEB 1 0 2021 2 026

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

		or mod by ripin in			<u></u>	<u> </u>	
Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
39234	Willco Sales	Willco Sales & Service, Inc.					
3. Principal Office Address			City		State	Zip	
18 King Street			Stratford		СТ	06615	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
230120	Sales and in	Sales and installation of building partitions, chutes, compactors, daylighting					
5. State of Incorporation							
CT							
7. List ALL officers (names a	nd addresses)		<u>-</u> -	Check	the box to indi	cate an attachment 🔲	
President Name Laura J. Walker			Vice-President Name				
Street Address 385 Oldfield Road			Street Address				
City Fairfield	State CT	Zip <sub>06824</sub>	City		State	Zip	
Secretary Name Donald W. Tague			Treasurer Name Donald W. Tague				
Street Address 357 Oldfield Road			Street Address				
<sup>City</sup> Fairfleld	State CT	Zip 06824	City		State	Zip	
8. List ALL directors (names	and addresses)	<u></u> .		Check	the box to indi	cate an attachment	
Director Name			Director Name				
Street Address	<del> </del>		Street Address				
			Oli del Address				
City	State	Zip	City		State	Zıp	
Director Name	I		Director Name		<u> </u>		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Check	Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER	OF SHARES	CLASS/SERIE	s I	PAR VALUE	
• *			,				
Changes require an additional	l filing.						
11. This report must be exec	uted on behalf of the	corporation by an	authorized represe	ntative. If the corpo	ration is in the	hands of a receiver or	
trustee, this report must be e	executed on behalf o	f the corporation by	the receiver or trus	stee.			
Under penalty of perjury, I				cluding any accon	npanying sch	edules and	
statements, and that all sta Name of Authorized Represe	nd correct.		Date				
Laura J. Walker, President				1/20/2021			
Signature of Authorized Rep	resentative					·	
Haura	2710al	lles					

MAIL TO:

**Division of Business Services** 

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

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