



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED STAMP**

FEB 10 2021

BY 0261

1. Entity ID Number 39234		2. Exact name of the Corporation Willco Sales & Service, Inc.			
3. Principal Office Address 18 King Street			City Stratford	State CT	Zip 06615
4. NAICS Code 238120		6. Brief description of the character of business conducted in Rhode Island Sales and installation of building partitions, chutes, compactors, daylighting			
5. State of Incorporation CT					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Laura J. Walker			Vice-President Name		
Street Address 385 Oldfield Road			Street Address		
City Fairfield	State CT	Zip 06824	City	State	Zip
Secretary Name Donald W. Tague			Treasurer Name Donald W. Tague		
Street Address 357 Oldfield Road			Street Address		
City Fairfield	State CT	Zip 06824	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
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 Laura J. Walker, President				Date 1/20/2021	
Signature of Authorized Representative 					

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