



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

FILED

FEB 18 2021 STAMP

BY 079872
 DS

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.

1. Entity ID Number 8117		2. Exact name of the Corporation W.L. FULLER, INC.			
3. Principal Office Address 7 Cypress Street		City Warwick		State RI	Zip 02888
4. NAICS Code 333120		6. Brief description of the character of business conducted in Rhode Island Machine Shop			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary R. Fuller			Vice-President Name Lisa A. Fuller		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Deborah J. Fuller Diane L. Nobile-Asst. Sec			Treasurer Name Diane L. Nobile Deborah J. Fuller-Asst. Treas		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary R. Fuller Diane L. Nobile-Director			Director Name Lisa A. Fuller		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Deborah J. Fuller Kevin P. MacIntyre-Director			Director Name Robert H. Breslin, Jr.		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
9 Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		Common	No 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. <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 Gary R. Fuller, President					Date 2/12/2021
Signature of Authorized Representative <i>Gary R Fuller</i>			SIGN DOCUMENT HERE		