



State of Rhode Island and Providence Plantations  
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 23 2021  
BY 5328 OS

1. Entity ID Number <b>298495</b>		2. Exact name of the Corporation <b>Fuzion Design, Inc.</b>			
3. Principal Office Address <b>27 Anawan Road</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>541490</b>		6. Brief description of the character of business conducted in Rhode Island <b>Industrial design, product definition, graphic/package design &amp; corporate identify &amp; any other lawful business</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Wayne Blatchley</b>			Vice-President Name		
Street Address <b>27 Anawan Road</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Secretary Name <b>Wayne Blatchley</b>			Treasurer Name <b>Wayne Blatchley</b>		
Street Address <b>27 Anawan Road</b>			Street Address <b>27 Anawan Road</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Wayne Blatchley</b>			Director Name		
Street Address <b>27 Anawan Road</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	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.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>01</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>Wayne Blatchley</b>				Date <b>02.17.21</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov