



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

MAIL TO:
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Website: www.sos.ri.gov