



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

FEB 26 2021

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1. Entity ID Number 36649		2. Exact name of the Corporation W.L. Mayer, Inc.												
3. Principal Office Address 10 Burnside Street			City Bristol	State RI	Zip 02809									
4. NAICS Code 541910		6. Brief description of the character of business conducted in Rhode Island Consulting and marketing services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name William L. Mayer			Vice-President Name											
Street Address 10 Burnside Street			Street Address											
City Bristol	State RI	Zip 02809	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name David L. Mayer			Director Name											
Street Address 45 Barberry Hill Road			Street Address											
City Providence	State RI	Zip 02916	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>90</td> <td>Common</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	90	Common	\$1.00			
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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 William L. Mayer				Date 2-24-21										
Signature of Authorized Representative <i>William L. Mayer</i>														