



State of Rhode Island  
Department of State - Business Services Division

FILED

FEB 15 2023

BY 25319 *ES*

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000045685</b>		2. Exact name of the Corporation <b>Contract Fusion, Inc.</b>			
3. Principal Office Address <b>99 MASSASOIT AVE.</b>		City <b>EAST PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Fusion Welding Services, MARKETING OF FUSION WELDERS AND RELATED PRODUCTS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name <b>JOHN S. CARTER III</b>			Vice-President Name <b>NONE</b>		
Street Address <b>99 MASSASOIT AVE.</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>LETITIA CARTER</b>			Treasurer Name <b>JOHN S. CARTER III</b>		
Street Address <b>99 MASSASOIT AVE.</b>			Street Address <b>99 MASSASOIT AVE.</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name <b>JOHN S. CARTER III</b>			Director Name <b>NONE</b>		
Street Address <b>99 MASSASOIT AVE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SLR/ILS	PAR VALUE
			<b>100 \$ .01 PAR VAL</b>	<b>Common</b>	<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>JOHN S. CARTER III</b>				Date <b>2/1/2023</b>	
Signature of Authorized Representative <i>John S. Carter III</i>					