



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 15 2023
BY 25319 *ES*

- 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 000045685		2. Exact name of the Corporation Contract Fusion, Inc.			
3. Principal Office Address 99 MASSASOIT AVE.			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island Fusion Welding Services, Marketing of Fusion Welders and Related Products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name JOHN S. CARTER III			Vice-President Name NONE		
Street Address 99 MASSASOIT AVE.			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name LETITIA CARTER			Treasurer Name JOHN S. CARTER III		
Street Address 99 MASSASOIT AVE.			Street Address 99 MASSASOIT AVE.		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name JOHN S. CARTER III			Director Name NONE		
Street Address 99 MASSASOIT AVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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/SLR/ILS	PAR VALUE
			100 \$.01 PAR VAL	Common	.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 JOHN S. CARTER III				Date 2/1/2023	
Signature of Authorized Representative <i>John S. Carter III</i>					

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