



State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number 298495		2. Exact name of the Corporation Fuzion Design, Inc.			
3. Principal Office Address 161 Exchange Street			City Pawtucket	State RI	Zip 02860
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 161 Exchange Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Wayne Blatchley			Treasurer Name Wayne Blatchley		
Street Address 161 Exchange Street			Street Address 161 Exchange Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 161 Exchange Street			Street Address		
City Pawtucket	State RI	Zip 02860	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		CLASS/SERIES	
		PAR VALUE			
		100	common	no par	
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 2/21/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov