



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

**FILED**

MAR 16 2023

BY *[Signature]*  
 T/M/P  
 STATE OF RHODE ISLAND

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>36649</b>		2. Exact name of the Corporation <b>W.L. Mayer, Inc.</b>			
3. Principal Office Address <b>22-26 Burnside Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>541910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Consulting and marketing services</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>William L. Mayer</b>			Vice-President Name		
Street Address <b>22-26 Burnside Street</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>David L. Mayer</b>			Director Name		
Street Address <b>45 Barberry Hill Road</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
Director Name			Director Name		
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/SERIES	
		PAR VALUE			
		<b>90</b>	<b>Common</b>	<b>\$1.00</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>William L. Mayer</b>				Date <b>3/14/23</b>	
Signature of Authorized Representative <i>William L. Mayer</i>				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov