	State of Rhode I
(1)	Department

Island

## t 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.

FILED
MAR 2.0 2023
MAR 20 2023 BY \$1841
by.

— Fenalty. Additional \$25.00		•		<u>.</u>			<u>/                                    </u>
Entity ID Number	2. Exact name of the Corporation						
8117	W.L. Fuller, Inc.						
3. Principal Office Address	fice Address				State		Zip
7 Cypress Street			Warwick		RI		02888
4. NAICS Code	6. Brief descr	iption of the charact	ter of business o	conducted in Rhode Is	land	_	
333120	Machine	Machine Shop					
5. State of Incorporation	- Wacinite	Спор					
Rhode Island							
7. List ALL officers (names and a	ddresses)			Check t	he box to ii	ndicate :	an attachment
President Name Gary R. Fulle	er			t Name Lisa A Full			
Street Address 7 Cypress Str	eet		Street Address	<sup>s</sup> 7 Cypress Stree	et		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Warwi	ck	State RI		<sup>Zip</sup> 02888
Secretary Name Deborah J. F			Treasurer Nan	Diane L. Nobi			
Street Address 7 Cypress Str	eet		Street Address 7 Cypress Street				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Warwi	ick	State RI		<sup>Žip</sup> 02888
8. List ALL directors (names and	addresses)			Check t	he box to i	ndicate	an attachment 🗹
Director Name Gary R. Fuller			Director Name Lisa A Fuller				
Street Address 7 Cypress Str	eet		Street Address 7 Cypress Street				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	<sup>City</sup> Warwi		State RI		<sup>Zip</sup> 02888
Deborah J. Fu			Director Name Kevin P. MacIntyre				
Street Address 7 Cypress Street			Street Address 7 Cypress Street				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Warw	ick	State RI		<sup>Zip</sup> 02888
9. Shares Authorized		10. Shares Issi	ued	Check t	he box to ii	ndicate	an attachment 🔲
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		Common		NI- F	PAR VALUE
		500		Common		INO	Par Value
	ישי			,			
11. This report must be executed trustee, this report must be exec		•	•	•	ation is in t	he hand	ds of a receiver or
Under penalty of perjury, I dec statements, and that all staten	lare and affirm t ents contained	hat I have examine	ed this report, i		panying s	chedule	es and
Name of Authorized Representa	tive				Date	$\mathcal{T}$	/- 2
Gary R. Fuller				3	1101	122	
Signature of Authorized Represe	ryagive						
MAIL TO:				<del></del>	<del></del>		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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State of Rhode Island

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333120	Machine	Shop					
5. State of Incorporation		<b>.</b>					
RHODE ISLAND							
7. List ALL officers (names and a	addresses)				ne box to ind	cate an attachment 🔲	
President Name			Vice-President Name				
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
Secretary Name	l .		Treasurer Name		1	l	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and Director Name	addresses)			Check th	ne box to ind	icate an attachment 🗹	
Diane L. Nobi	ıe		Director Name				
Street Address 7 Cypress Street			Street Address				
City Warwick	State RI	<sup>Zip</sup> 02888	City		State	Zip	
Director Name			Director Name				
Street Address		Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued Chec		Check th	ne box to ind	icate an attachment	
This information is currently of real Department of State.	cord in the	NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filir				<del></del>			
ionanges reduite an accitional lilli	<b>'</b> 9.	1					
11. This report must be executed	on behalf of the	corporation by an a	uthorized represent	ative. If the corpora	ation is in the	hands of a receiver or	
trustee, this report must be exec Under penalty of perjury, I dec	uted on behalf of lare and affirm	the corporation by that I have examine	the receiver or truste ad this report, inclu	e. Iding anv accomi	nanving sch	edules and	
statements, and that all staten	nents contained	herein are true an	d correct.				
Name of Authorized Representative  GARY R FULLER  3/10/23							
Signature of Authorized Represe					7	(1010)	
Laug K fr	Mer						
MAIL TO:							

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