



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.

FILED

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BY

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1. Entity ID Number 8117		2. Exact name of the Corporation W.L. Fuller, Inc.			
3. Principal Office Address 7 Cypress Street		City Warwick		State RI	Zip 02888
4. NAICS Code 333120	6. Brief description of the character of business conducted in Rhode Island Machine Shop				
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 Gary R. Fuller			Vice-President Name Lisa A Fuller		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Deborah J. Fuller			Treasurer Name Diane L. Nobile		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Gary R. Fuller			Director Name Lisa A Fuller		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Deborah J. Fuller			Director Name Kevin P. MacIntyre		
Street Address 7 Cypress Street			Street Address 7 Cypress Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SFRES	PAR VALUE
		500		Common	No Par Value
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 Gary R. Fuller				Date 3/10/23	
Signature of Authorized Representative 					

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

FORM 630 - Revised: 2/2023



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Street Address 7 Cypress Street			Street Address		
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Name of Authorized Representative GARY R FULLER				Date 3/10/23	
Signature of Authorized Representative <i>Gary R Fuller</i>					

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