



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 30 2024

25966

1. Entity ID Number <u>000065686</u>		2. Exact name of the Corporation <u>CONTRACT FUSION, INC.</u>			
3. Principal Office Address <u>99 MASSASOIT AVE.</u>			City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>
4. NAICS Code <u>339910</u>		6. Brief description of the character of business conducted in Rhode Island <u>FUSION WELDING SERVICES MARKETING OF FUSION WELDERS AND RELATED PRODUCTS</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>JOHN S. CARTER III</u>			Vice-President Name <u>NONE</u>		
Street Address <u>99 MASSASOIT AVE.</u>			Street Address		
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>JOHN S. CARTER III</u>		
Street Address			Street Address <u>99 MASSASOIT AVE.</u>		
City	State	Zip	City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>JOHN S. CARTER III</u>			Director Name <u>NONE</u>		
Street Address <u>99 MASSASOIT AVE.</u>			Street Address		
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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/SERIES		
			PAR VALUE		
			<u>100 0.01 PARIAL</u>		
			<u>COMMON</u>		
			<u>.01</u>		
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 <u>JOHN S. CARTER III</u>					Date <u>4/26/2024</u>
Signature of Authorized Representative <u>John S. Carter III</u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov