



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 000065686		2. Exact name of the Corporation CONTRACT FUSION, INC.			
3. Principal Office Address 99 MASSASOIT AVE.		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island FUSION WELDING SERVICES MARKETING OF FUSION WELDERS AND RELATED PRODUCTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOHN S. CARTER III			Vice-President Name NONE		
Street Address 99 MASSASOIT AVE.			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name NONE			Treasurer Name JOHN S. CARTER III		
Street Address			Street Address 99 MASSASOIT AVE.		
City	State	Zip	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JOHN S. CARTER III			Director Name NONE		
Street Address 99 MASSASOIT AVE.			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100 * .01 PARIAL		
			COMMON		
			.01		
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 JOHN S. CARTER III				Date 4/26/2024	
Signature of Authorized Representative John S. Carter III					

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: 12/2023