

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

1. Corporate ID No. 13474	2. Name of Co. N AND E	2. Name of Corporation N AND E PLATE GLASS CO, INC					
3. Street Address Principal Business Office 112 VAN ZANDT AVE			City NEWPORT	State RI	<i>Ζψ</i> 02842		
Business Phone No. 5. State of Incorpora RHODE ISLA				ion			
6. Brief Description of the Cha GLASS AND GLASS	PRODUCTS/INSTA	ALLATIONS					
7. NAMES AND ADDRI President Name	SSES ON THE OFF	KDRS: ("Y" BOX FOR	ATTACHMENT) THELIN	SPACES BEFORE USING	ATTACHMENTS -		
ERNEST GEORGIOU			i	NICHOLAS GEORGIOU			
Street Address 127 RICHARD DR			Street Address 79 ROGER WILLIAMS COURT				
City PORTSMOUTH	State RI	^{Ζφ} 0 287 1	City PORTSMOUTH	State RI	<i>Zip</i> 02871		
Secretary Name			Treasurer Name	***************************************	· · · · · · · d · · · · · · · · · · · ·		
Street Address			Stroet Address	Street Address			
City	State	Zip	City	State	Zip		
8. Names and addre	SSES OF THE DIRI	CTORS FX BOX FO	R ATTACHMENT) 🔲 PILL II	E SPACES REFORE VISINA			
Director Name	n-marsikissi (1000000000000000000000000000000000000	откон нициян ан ия <u>н ««««««««««»»»».</u>	Director Name	iikanikulinasenkulinkunikulikanki			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Director Name		·····	Director Name				
Street Address			Street Address				
City	State	Zip	City	State	ZΨ		
2. SHARES AUTHORIZE AUTHORIZED SHARES	D CX" BOX FOR			CY BOX FOR AFFACES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1000 COMM NO PAR VALUE			1000	COMMON	NP		
				TO BUSTOCK	(M) 1 20 1 20 1 1		
This report must be execuhis report must be execu	uted on behalf of th	e corporation by an auth	norized representative. If the co	orporation is in the hands	of a receiver or trustee		

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File Date		
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Check No.		
	ETARY OF S	

Under penalty of perjury	i, I declare and a	ffirm that I ha	ve exami	ned this report,
including any accompan	ying schedules a	ind statement	s, and tha	t all statements
contained herein are true	and correct.	_	ì	ì .
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Signature	un		ate	100
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Nicholas	Gerai	و		
Print or Type Name				
D- (101-1-				
MCSICIONT				
Title				