

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* tn accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c&d)) is	subject to a penalty fe	e of \$25.00.				
1. Corporate ID No. 105544	2. Name of Corporation DEPENDA	BIE GLASS CO.				
3. Street Address Principal Husiness Office 132 OAK STREET			WESTERLY	State R 1	02891	
4. Business Phone No. 401 - SAG -		5. State of Incorporation RHIDE 15	LAND			
6. Brief Description of the Character of CASS	(16)					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		S BEFORE USING ATTA	ACHMENTS	
President Name KEVIN J. LEAF			Vice President Name			
Street Address 29 HARRISON AVENUE State RI 02879			Street Address			
WAKEFIELD	State R1	²⁴ 02819	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
СЦу	State	Zip	City	State	Zip	
8, NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	i 6: ("X" BOX FOR ATTA	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	TACHMENTS	
Street Address			Street Address			
City	Srate	Zip	City	State	Zφ	
Director Name			Director Name			
Mreel Address			Street Address			
Сіцу	State	Zip	City.	State	W 3	
9. SHARES AUTHORIZED ("	I X" BOX FOR ATTAC	! :HMENT) [□	10. SHARES ISSUED ("X"	I BOX FOR ATTACHME!	vin [
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Válue :	
1000 NO PAR VALUE			100 NO PAR VALUE	>		
This report must be executed	on behalf of the corp	oration by an authorized	representative. If the corpora	tion 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 re	roa:
		including any accompanying schedules and statements, and that all statem	nen
File Date	FILED	contained herein are the and correct. 4/11/08	<u>8</u>
Check No.	APR 24 2008	Signature Kenn T Lent Date	
Ву:	By 15564/9	Print or Type time	
FOR S	ECRETARY OF STATE USE ONLY	Title Form 630 Rev. 12/06	