

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 2009

401.222.30

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

* In 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(ec/d)) is subject to a negative for all \$25.00

1. Corporate ID No. 123814 2. No Unit 123814 3. Street Address Principal Business Office 21 Industrial Drive 4. Business Phone No. 223-6223 6. Brief Description of the Character of Busin For the sale of glass and glass do 7. NAMES AND ADDRESSES OF TI President Name Joseph A. Sousa Street Address 21 Industrial Drive City Smithfield Secretary Name Joseph A. Sousa Street Address Street Address Street Address	oor products and	5. State of Incorporation RHODE ISLAND ode Island any other lawful purp		Stette			
21 Industrial Drive 4. Business Phone No. 223-6223 6. Brief Description of the Character of Busin For the sale of glass and glass do 7. NAMES AND ADDRESSES OF TI President Name Joseph A. Sousa Street Address 21 Industrial Drive City Smithfield Secretary Name Joseph A. Sousa	oor products and	RHODE ISLAND ode Island any other lawful purp ("X" BOX FOR ATTA	Smithfield Pose CHMENT) FILL IN Vice President Name Kerry Reid Street Address 21 Industrial Drive	N SPACES BEFORE USING	02917 G ATTACHMENTS		
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Street Address					Treasurer Name Kerry Reid		
Street Address 21 Industrial Drive			Street Address 21 Industrial Drive				
Smithfield State RI	i	_{Ир} 02917	City Smithfield	State RI	<i>Zip</i> 02917		
8. NAMES AND ADDRESSES OF TE Director Name Joseph A. Sousa	HE DIRECTORS:	("X" BOX FOR ATT	ACHMENT) FILL Director Name Kerry Reid	IN SPACES BEFORE USIN	NG ATTACHMENTS		
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Orrector Name			Director Name				
Street Address			Mreet Address				
City State	į	Cip	Gity	State	Zip		
). SHARES AUTHORIZED	*			D <i>("X" BOX FOR ATTAC</i> SECTION <u>MUST</u> BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value		
			200	Common	No par		
This report must be executed on behiblis report must be executed on behi	half of the corpor	ation by an authorized	d representative. If the	corporation is in the hanc	ls of a receiver or trust		

FILED	inc
Check No. FEB 23 2009	Sign
By: By 213267	$\frac{JC}{Pri}$
FOR SECRETARY OF STATE USE ONLY	

including any accompanying sched	and affirm that I have examined this report, ules and statements, and that all statements
contained herein n/e true and correct	et.
- And Ch	1/13/09
Signapire /	Date
Joseph A. Sousa	
Print or Type Name	***************************************
President	
Title	