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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
141266	GLASS AMERICA, INC.		
3. Street Address Principal Business Office		City	State / Zip
21 Industrial Drive		Johnston	RI 02917
4. Business Phone No.	5. State of Incorporation		
(401)354-8900	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
THE SALE OF GLASS AND GLASS PRODUCTS AND ANY OTHER LAWFUL PURPOSE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Kerry Reid	Vice President Name: Joseph A. Sousa
Street Address: 21 Industrial Drive	Street Address: 21 Industrial Drive
City: Smithfield State: RI Zip: 02917	City: Smithfield State: RI Zip: 02917
Secretary Name: Joseph A. Sousa	Treasurer Name: Kerry Reid
Street Address: 21 Industrial Drive	Street Address: 21 Industrial Drive
City: Smithfield State: RI Zip: 02917	City: Smithfield State: RI Zip: 02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Kerry Reid	Director Name: Joseph A. Sousa
Street Address: Same as above	Street Address: Same as above
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	common	no par

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.

[redacted]

FILED
File Date FEB 23 2009
Check No. By 213266
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature 2/19/09 *Date*

Kerry Reid
Print or Type Name

[redacted] President
Title

31363-13-349727

Form 630 Rev. 08/08