



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. 11299		2. Name of Corporation GLOCESTER SIGN COMPANY, INC.					
3. Street Address Principal Business Office 45 Pound Road				City Glocester	State RI	Zip 02814	
4. Business Phone No. (401)568-4209			5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Business Conducted in Rhode Island Designing, Construction, Painting, Installing and Servicing Signs and Sale/maintenance/installation of wood & coal stoves Related Products							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name John P. Devine				Vice President Name Carol A. Gerold			
Street Address 45 Pound Road				Street Address 121 Danielson Pike			
City Glocester	State RI	Zip 02814		City Foster	State RI	Zip 02825	
Secretary Name Carol A. Gerold				Treasurer Name Carol A. Gerold			
Street Address 121 Danielson Pike				Street Address 121 Danielson Pike			
City Foster	State RI	Zip 02825		City Foster	State RI	Zip 02825	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name N/A				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
9. SHARES AUTHORIZED 600 NO PAR VALUE				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST 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
				100		COMMON	NO PAR VALUE

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.

John P. Devine 2/16/09
Signature Date

John P. Devine
Print or Type Name
President

Title

File Date **FILED**
Check No. **FEB 23 2009**
By 293
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