



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 2011

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. 536123		2. Name of Corporation ACE AUTO & PLATE GLASS COMPANY, INC.			
3. Street Address Principal Business Office 1440 VFW Parkway			City West Roxbury	State MA	Zip 02132
4. Business Phone No. (617) 293-8052		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Install automobile glass and all work necessarily related thereto.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Barry W. Gaughran			Vice President Name Barry W. Gaughran		
Street Address 1440 VFW Parkway			Street Address 1440 VFW Parkway		
City West Roxbury	State MA	Zip 02132	City West Roxbury	State M	Zip 02132
Secretary Name Barry W. Gaughran			Treasurer Name Barry W. Gaughran		
Street Address 1440 VFW Parkway			Street Address 1440 VFW Parkway		
City West Roxbury	State MA	Zip 02132	City West Roxbury	State MA	Zip 02132
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Barry W. Gaughran			Director Name		
Street Address 1440 VFW Parkway			Street Address		
City West Roxbury	State MA	Zip 02132	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	CNP	0

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.

FILED

File Date MAR 08 2011

Check No. 139467

By: [Signature]

BY FOR SECRETARY OF STATE USE ONLY

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 [Signature] Date _____

Print or Type Name Barry W. Gaughran

Title President