



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 11299		2. Exact name of the Corporation GLOCESTER SIGN COMPANY, INC.		
3. Principal office address 121 Danielson Pike		City Foster	State RI	Zip 02825
4. Business Phone No. (401) 647-5503		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, related items. Sale and installation and maintenance of wood and coal stoves.				
President Name Carol A. Gerold		Vice-President Name Carol A. Gerold		
Street Address 121 Danielson Pike		Street Address 121 Danielson Pike		
City Foster	State RI	Zip 02825	City Foster	State RI
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
Director Name N/A		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.

FILED

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.

Carol A. Gerold 02-18-12
 Signature of Authorized Representative Date

Carol A. Gerold, President
 Print or Type Name of Authorized Representative