



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. <u>100266</u>		2. Exact name of the Corporation <u>Interstate Glass of New England, Inc.</u>	
3. Principal office address <u>66 Dyerville Ave</u>		City <u>Johnston</u>	State <u>RI</u>
4. Business Phone No. <u>(401) 383-0515</u>		Zip <u>02919</u>	
5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief description of the character of business conducted in Rhode Island <u>DEALING IN THE INSTALLATION & REPAIR OF ALL TYPES OF GLASS & ALUMINUM PRODUCTS, TO CONDUCT RETAIL SALES OF GLASS AND ALUMINUM PRODUCTS TO CARRY ON & CONDUCT BUSINESS</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>FRANK RAPOZA</u>		Vice-President Name <u>FRANK RAPOZA</u>	
Street Address <u>4 Hillcrest Ave.</u>		Street Address <u>4 Hillcrest Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED <u>500 100 PAR VALUE</u>			
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) <input type="checkbox"/>			
NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>NO PAR VALUE</u>	

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

MAY 21 2012

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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.

Frank Rapoza 5/16/12
 Signature of Authorized Representative Date

FRANK RAPOZA
 Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By: _____
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