



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 2013

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. 146063		2. Exact name of the Corporation Altieri Glass, Inc.								
3. Principal office address 1417 Atwood Avenue		City Johnston	State RI	Zip 02919						
4. Business Phone No. 401-946-8500		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island To conduct a business for the installation and repair of auto glass and glass for residential and commercial use.										
REGIS (NAME AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Stefano G. Altieri			Vice-President Name Stefano G. Altieri							
Street Address 105 Chicory Lane			Street Address 105 Chicory Lane							
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921					
Secretary Name Stefano G. Altieri			Treasurer Name Julie A. Altieri							
Street Address 105 Chicory Lane			Street Address 105 Chicory Lane							
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921					
ALL DIRECTORS (NAME AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Stefano G. Altieri			Director Name							
Street Address 105 Chicory Lane			Street Address							
City Cranston	State RI	Zip 02921	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) <input type="checkbox"/>							
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		

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.

File Date: _____
 Check No: _____
 BY: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FEB 06 2013
 11950

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.

Stefano G. Altieri 1-29/2013
 Signature of Authorized Representative Date

Stefano G. Altieri, President
 Print or Type Name of Authorized Representative