



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 2014

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. 791406		2. Exact name of the Corporation SUBURBAN GLASS & MIRROR CO.,INC.			
3. Principal office address 2 POWDERMILL ROAD			City MAYNARD	State MA	Zip 01794
4. Business Phone No. 9788976908			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island GLASS AND GLAZING CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name IRVING L. LIPSKY			Vice-President Name SYLVIA R. LIPSKY		
Street Address 3 GREEN STREET			Street Address 3 GREEN STREET		
City RANDOLPH	State MA	Zip 02368	City RANDOLPH	State MA	Zip 02368
Secretary Name SYLVIA R. LIPSKY			Treasurer Name IRVING L. LIPSKY		
Street Address 3 GREEN STREET			Street Address 3 GREEN STREET		
City RANDOLPH	State MA	Zip 02368	City RANDOLPH	State MA	Zip 02368
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
			300000	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.

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY **15953**

FILED

DEC 23 2013

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.

Irving L. Lipsky 12/20/13
 Signature of Authorized Representative Date
IRVING L. LIPSKY, PRESIDENT

Print or Type Name of Authorized Representative