



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. 98516		2. Exact name of the Corporation ABSOLUTE AUTO GLASS, INC.			
3. Principal office address 473 ST. PAUL STREET		City NORTH SMITHFIELD	State RI	Zip 02896	
4. Business Phone No. 401 766-2600		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTO GLASS REPLACEMENT AND REPAIR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name CASEY E. HOOPER			Vice-President Name STEVEN AMARAL		
Street Address 473 ST. PAUL STREET			Street Address 473 ST. PAUL STREET		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name CASEY E. HOOPER			Treasurer Name STEVEN AMARAL		
Street Address 473 ST. PAUL STREET			Street Address 473 ST. PAUL STREET		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1,000	COMMON	\$1.00

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 _____

FILED

Check No. _____

JUN 02 2014

By: _____

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 of Authorized Representative

Date

CASEY E. HOOPER, PRESIDENT

Print or Type Name of Authorized Representative