



**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. <b>98516</b>		2. Exact name of the Corporation <b>ABSOLUTE AUTO GLASS, INC.</b>					
3. Principal office address <b>473 ST. PAUL STREET</b>				City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	
4. Business Phone No. <b>401 766-2600</b>				5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>AUTO GLASS REPLACEMENT AND REPAIR</b>							
<del>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></del>							
President Name <b>CASEY E. HOOPER</b>				Vice-President Name <b>STEVEN AMARAL</b>			
Street Address <b>473 ST. PAUL STREET</b>				Street Address <b>473 ST. PAUL STREET</b>			
City <b>NORTH SMITHFIELD</b>		State <b>RI</b>	Zip <b>02896</b>	City <b>NORTH SMITHFIELD</b>		State <b>RI</b>	Zip <b>02896</b>
Secretary Name <b>CASEY E. HOOPER</b>				Treasurer Name <b>STEVEN AMARAL</b>			
Street Address <b>473 ST. PAUL STREET</b>				Street Address <b>473 ST. PAUL STREET</b>			
City <b>NORTH SMITHFIELD</b>		State <b>RI</b>	Zip <b>02896</b>	City <b>NORTH SMITHFIELD</b>		State <b>RI</b>	Zip <b>02896</b>
<del>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></del>							
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
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>			
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 \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JUN 02 2014**

BY 7661

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]*  
 Signature of Authorized Representative Date **5-29-14**

**CASEY E. HOOPER, PRESIDENT**

Print or Type Name of Authorized Representative