



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 2015

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.

2015 APR 14 PM 2:07
 SECRETARY OF STATE
 CORPORATIONS DIV

1. Entity ID No. 000004999		2. Exact name of the Corporation Coventry Glass Co.			
3. Principal office address 594 Tiogue Ave			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-828-8666		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Glass Sales and Installation					
President Name Christopher Coffua			Vice-President Name Christopher Coffua		
Street Address 14 Sternback St			Street Address 14 Sternback St		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name			Treasurer Name Christopher Coffua		
Street Address			Street Address 14 Sternback St		
City	State	Zip	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES)					
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					
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
			600	CNP	0

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

APR 14 2015

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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.

Christopher Coffua
 Signature of Authorized Representative

04/09/2015

Date

Christopher Coffua

Print or Type Name of Authorized Representative