



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 2016

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. 001007659		2. Exact name of the Corporation American Window Film, Inc.			
3. Principal office address 71 Elm Street		City Foxboro		State MA	Zip 02035
4. Business Phone No. 508.549.0300		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Application, sales, and installation of window film for commercial and residential purposes and all other activities lawful within this chapter.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peter J. Davey			Vice-President Name Peter J. Davey		
Street Address 10 LEIGHAS LN.			Street Address 10 LEIGHAS LN		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02861
Secretary Name Peter J. Davey			Treasurer Name Peter J. Davey		
Street Address 10 LEIGHAS LN.			Street Address 10 LEIGHAS LN		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter J. Davey			Director Name		
Street Address 10 LEIGHAS LN			Street Address		
City COVENTRY	State RI	Zip 02816	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.					

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 29 2016

RV **KL 13176**

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.

Peter J. Davey **2-24-16**
Signature of Authorized Representative Date

Peter J. Davey President

Print or Type Name of Authorized Representative