



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. <b>770363</b>		2. Exact name of the Corporation <b>Danielson Glass &amp; Mirror, Co.</b>			
3. Principal office address <b>179 Wauregan Road</b>		City <b>Danielson</b>	State <b>CT</b>	Zip <b>06239</b>	
4. Business Phone No. <b>860-774-2136</b>		5. State of Incorporation <b>Connecticut</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Commercial glass fabrication and installation, metal fabrication and installation.</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Neil E. Esposito, Jr.</b>		Vice-President Name <b>Neil E. Esposito, Sr.</b>			
Street Address <b>226 Tourtellot Hill Road</b>		Street Address <b>16 Jeffrey Drive</b>			
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Neil E. Esposito, Sr.</b>		Treasurer Name <b>Neil E. Esposito, Jr.</b>			
Street Address <b>16 Jeffrey Drive</b>		Street Address <b>226 Tourtellot Hill Road</b>			
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Neil E. Esposito, Sr.</b>		Director Name <b>Neil E. Esposito, Jr.</b>			
Street Address <b>16 Jeffrey Drive</b>		Street Address <b>226 Tourtellot Hill Road</b>			
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
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)</b> <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
			200	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

Form No. 630  
Revised: 01/2012

**FILED**

**MAR 28 2016**

By 270949

ICM

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

2-3-16  
Date

**Neil E. Esposito, Jr., President**

Print or Type Name of Authorized Representative