



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 2017

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. 23552		2. Exact name of the Corporation FRANK LIZOTTE'S GLASS CO., INC.			
3. Principal office address 8 PERRY STREET			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. 401-722-6262			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island GLASS SALES AND INSTALLATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RONALD J. LIZOTTE			Vice-President Name PATRICIA L. LIZOTTE		
Street Address 80 NIMITZ ROAD			Street Address 80 NIMITZ ROAD		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name PATRICIA L. LIZOTTE			Treasurer Name RONALD J. LIZOTTE		
Street Address 80 NIMITZ ROAD			Street Address 80 NIMITZ ROAD		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RONALD J. LIZOTTE			Director Name PATRICIA L. LIZOTTE		
Street Address 80 NIMITZ ROAD			Street Address 80 NIMITZ ROAD		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
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
			100	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

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.

FILED

Ronald Lizotte 12/23/16
 Signature of Authorized Representative Date

JAN 20 2017

RONALD J. LIZOTTE

Print or Type Name of Authorized Representative

BY 2809

KLU