



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1095517		2. Exact name of the Corporation MODERN GLASS & ALUMINUM, INC.			
3. Principal Office Address 42 Eastman Street		City South Easton		State MA	Zip 02375
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Contract Glazier			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karl H. Johnson			Vice-President Name None		
Street Address 83 Coddling Rd.			Street Address		
City Norton		State MA	Zip 02766	City 	
Secretary Name Jeffrey P. Johnson		Treasurer Name None			
Street Address 21 Woodhaven Dr.			Street Address		
City Franklin		State MA	Zip 02038	City 	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			none		
11. 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. 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.					
Name of Authorized Representative Karl H. Johnson			Date 1/16/2017		
Signature of Authorized Representative 			FILED JAN 23 2017		
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY 17343
 FORM 930 - Revised: 10/2016