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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	2. Exact name of the Corporation		
19719	Malco, Inc.		
3. Principal Office Address	City	State	Zip
375 Washington Street	Providence	RI	02903
4. Business Phone Number	5. State of Incorporation		
401-421-4131	Rhode Island		

6. Brief description of the character of business conducted in Rhode Island

Glass Company

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Norman E. Hopkins, Jr.			Norman E. Hopkins, Jr.		
Street Address			Street Address		
375 Washington Street			375 Washington Street		
City	State	Zip	City	State	Zip
Providence	RI	RI	Providence	RI	RI
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Norman E. Hopkins, Jr.					
Street Address			Street Address		
375 Washington Street					
City	State	Zip	City	State	Zip
Providence	RI	RI			

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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	Date
Norman E. Hopkins, Jr.	2/24/17

Signature of Authorized Representative

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

FILED
FEB 27 2017
BY 1177 DS

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