



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 10289		2. Exact name of the Corporation General Glass Company			
3. Principal Office Address 100 Calder Street			City Cranston	State RI	Zip 02920
4. NAICS Code 81 - Other Services (except)	6. Brief description of the character of business conducted in Rhode Island The installation, sale and fabrication of window glass and other similar products.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Altman			Vice-President Name Mark Altman		
Street Address 28 Marigold Court			Street Address 28 Marigold Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Dolores Altman			Treasurer Name Mark Altman		
Street Address Marigold Court			Street Address 28 Marigold Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark Altman			Director Name Dolores Altman		
Street Address 28 Marigold Court			Street Address 28 Marigold Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE No par value
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 Mark Altman				Date 2/17/17	
Signature of Authorized Representative 					

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

FILED

MAR 06 2017

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FORM 630 - Revised: 02/2017