



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 <b>132419</b>		2. Exact name of the Corporation <b>Bill Lizotte Architectual Glass &amp; Aluminum, Inc.</b>	
3. Principal Office Address <b>400 Wampanoag Trail</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02915</b>	
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>Furnishing, repairing, and dealing in architectural doors, frames, store fronts, hardware and glazing; operating a contracting business</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>William R. Lizotte</b>		Vice-President Name <b>None</b>	
Street Address <b>400 Wampanoag Trail</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	
Secretary Name <b>Catherine A. Lizotte</b>		Treasurer Name <b>William R. Lizotte</b>	
Street Address <b>400 Wampanoag Trail</b>		Street Address <b>400 Wampanoag Trail</b>	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	
City <b>East Providence</b>		State <b>RI</b>	
		Zip <b>02915</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
City		State	
		Zip	
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		CLASS/SERIES	
PAR VALUE			
<b>200</b>	<b>Common</b>	<b>No par value</b>	
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.			
<b>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.</b>			
Name of Authorized Representative <b>William R. Lizotte</b>			Date <b>03/28/17</b>
Signature of Authorized Representative 			

SIGN DOCUMENT HERE  
**FILED**

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

**MAR 09 2017**

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