



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 **2016**

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. 536789			2. Exact name of the Corporation Wayside Glass & Mirror Company, Inc.		
3. Principal office address 940 Boston Post Road			City Marlborough	State MA	Zip 01752
4. Business Phone No. 508-485-3600			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island glass and aluminum installation					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vincent J. Purpura, Jr.			Vice-President Name		
Street Address 220 Winch Street			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name Vincent J. Purpura, III			Treasurer Name Vincent J. Purpura, III		
Street Address 39 Grove Street			Street Address 39 Grove Street		
City Hopkinton	State MA	Zip 01748	City Hopkinton	State MA	Zip 01748
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Vincent J. Purpura, Jr.			Director Name Vincent J. Purpura, III		
Street Address 220 Winch Street			Street Address 39 Grove Street		
City Framingham	State MA	Zip 01701	City Hopkinton	State MA	Zip 01748
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
			1000	CNP	0

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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:

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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.

Signature of Authorized Representative

Date

Vincent J. Purpura, Jr.

Print or Type Name of Authorized Representative