RI SOS Filing Number: 201748515850 Date: 8/16/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 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							
622591 Joe's Auto Glass, Inc.							
Principal Office Address	1		City	cket	State	Zip	
1562 NewP					1 *	02861	
4. NAICS Code  6. Brief description of the character of business conducted in Rhode Island  Repair and replacement of auto glass.							
Kepair and replacement of auto glass.							
5. State of Incorporation							
RI							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name JoSEPh Pimental			Vice-President Name				
Street Address 48 Prospec	Street Address						
City Comberland	State R I	02864	City		State	Zìp	
Secretary Name	K+	102061	Treasurer Name				
Cocidery Name			Heasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name			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 10. Shares Issue			Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES			
			ŀ			100 %	
Changes require an additional filing.							
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							
Joseph Pimental P-11-2017						1-2017	
Signature of Authorized Representative							
says the fill							
MAIL TO:			4 1 1 100	(10			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 1 6 2017