



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.

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2017 OCT -4 AM 10: 36

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 2017 SEP -7 AM 11: 31

1. Entity ID Number 000504495		2. Exact name of the Corporation GUIDO'S PLATE GLASS SERVICE, INC.			
3. Principal Office Address 686 COTTAGE ST			City NEW BEDFORD	State MA	Zip 02740
4. NAICS Code 238150	6. Brief description of the character of business conducted in Rhode Island GLASS, GLAZING, WINDOWS, DOORS, STOREFRONTS				
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name PAUL T COUCCI			Vice-President Name JOHN L COUCCI		
Street Address 686 COTTAGE ST			Street Address 686 COTTAGE ST		
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740
Secretary Name MICHAEL G COUCCI			Treasurer Name JAMES A COUCCI		
Street Address 686 COTTAGE ST			Street Address 686 COTTAGE ST		
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name PAUL T COUCCI			Director Name JOHN L COUCCI		
Street Address 686 COTTAGE ST			Street Address 686 COTTAGE ST		
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740
Director Name MICHAEL G COUCCI			Director Name JAMES A COUCCI		
Street Address 686 COTTAGE ST			Street Address 686 COTTAGE ST		
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		2000		0	
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 JOHN L COUCCI				Date 9/1/2017	
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

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 OCT 04 2017
 BY 90314004

ADDITIONAL OFFICER:

VICE- PRESIDENT

GUIDO J. COUCCI

686 COTTAGE ST

NEW BEDFORD, MA 02740

ADDITIONAL DIRECTOR:

VICE- PRESIDENT

GUIDO J. COUCCI

686 COTTAGE ST

NEW BEDFORD, MA 02740