RI SOS Filing Number: 201750960240 Date: 10/4/2017 10:39:00 AM State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Annual Report for the year: 2013 2017 SEP-7 AM 11: 31 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 000504495 **GUIDO'S PLATE GLASS SERVICE, INC.** 3. Principal Office Address City State Zip **NEW BEDFORD** 02740 **686 COTTAGE ST** MA 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island GLASS, GLAZING, WINDOWS, DOORS, STOREFRONTS State of Incorporation **MASSACHUSETTS** Check the box to indicate an attachment 7. List ALL officers (names and addresses) President Name PAUL T COUCCI Vice-President Name JOHN L COUCCI Street Address 686 COTTAGE ST Street Address 686 COTTAGE ST State MA State MA ^{Zip}02740 Žip 02740 City NEW BEDFORD City NEW BEDFORD Secretary Name MICHAEL G COUCCI Treasurer Name JAMES A COUCCI Street Address 686 COTTAGE ST Street Address 686 COTTAGE ST State MA State MA City NEW BEDFORD Žip **02740** Zip **02740** City NEW BEDFORD 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name PAUL T COUCCI Director Name
JOHN L COUCCI Street Address 686 COTTAGE ST Street Address 686 COTTAGE ST State MA City NEW BEDFORD Žip 02740 City NEW BEDFORD State Žip 02740 Director Name MICHAEL G COUCCI Director Name

JAMES A COUCCI Street Address 686 COTTAGE ST Street Address 686 COTTAGE ST State MA Zip 02740 State City NEW BEDFORD City NEW BEDFORD MA 02740 Shares Authorized 10. Shares Issued Check the box to indicate an attachment [NUMBER OF SHARES CLASS/SERIES This Information is currently of record in the PAR VALUE Department of State. 2000 0 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

JOHN L COUCCI

Signature of Authorized Representative

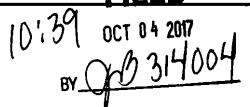
SIGN DOCUMENT HER

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov



FORM 630 - Revised: 02/2017

Date

9/1/2017

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