



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2013**

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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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	City NEW BEDFORD	State MA
Zip 02740		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	City NEW BEDFORD	State MA
Zip 02740		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	City NEW BEDFORD	State MA
Zip 02740		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	City NEW BEDFORD	State MA
Zip 02740		Zip 02740	
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	
		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

10:39 OCT 04 2017
BY 314004

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