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-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division			
Annual Report for the year:			

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001664493	JM Glass LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238150	Repair and install shower Door + Windows glazier . Cut and install mirrors + Table tops					
5. State of Formation	glazier . Cut and install mirrols + Table tops					
Rhode Island	to Top	os ·				
6. Principal Office Address			City	State	Zip	
30 Cole Street			Warren	R.O	02885	
7. Mailing Address of Limited Lie	bility Compar	ny and Name or Title	of Contact Person			
Contact Name Thomas Chavette			Contact Title OWNEY			
Street Address 30 Cole Street			warven	State	ZP02885	
8. List ALL managers (names ar	nd addresses) of the Limited Liabi	lity Company, IF APPLICABLE	- DO NOT LIST M	EMBERS	
Manager Name	Manager Name					
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		· · · · · · · · · · · · · · · · · · ·	C	heck the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	ıd. This inform	ation is currently of rec	ord with the Department of State. C	hanges require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all staten			•	ny accompanying	schedules and	
Name of Authorized Person Date						
Thomas F Charelle Je				10/10	9/2017	
Signature of Authorized Person	r()	Sign in	County of FP AR			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 2 3 2017