RI SOS Filing Number: 201755296290 Date: 12/22/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

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

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

	FILED TAMP
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BY_	27753

Entity ID Number									
000504495	Guido'	s Plate Gla	ass Serv	ices, INC					
3. Principal Office Address		City		State	Zip				
686 COTTAGE STREET			NEW BE		MA	02740			
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island							
238150	GLASS, GI	GLASS, GLAZING, WINDOWS, DOORS, STOREFRONTS							
5. State of Incorporation	$\neg$	7							
RI									
7. List ALL officers (names and	addresses)			Che	ck the box to inc	dicate an attachment 🔲			
President Name PAUL T. COU	Vice-President Name JOHN L. COUCCI								
Street Address 686 COTTAGE	Street Addres	Street Address 686 COTTAGE STREET							
City NEW BEDFORD	State MA	<sup>Zıp</sup> 02740	City NEW	City NEW BEDFORD		<sup>Zip</sup> 02740			
Secretary Name MICHAEL COL	Treasurer Name JAMES COUCCI								
Street Address 686 COTTAGE	Street Address 686 COTTAGE STREET								
City NEW BEDFORD	State MA	<sup>Zip</sup> 02740	City NEW	BEDFORD	State MA	<sup>Zip</sup> 02740			
8. List ALL directors (names and	d addresses)			Che	ck the box to inc	dicate an attachment			
Director Name PAUL T. COUC	Director Name	Director Name JOHN L. COUCCI							
Street Address 686 COTTAGE	Street Address	Street Address 686 COTTAGE STREET							
City NEW BEDFORD	State MA	<sup>Zip</sup> 02740		BEDFORD	State MA	<sup>Zip</sup> 02740			
Director Name MICHAEL COU	Director Name  JAMES COUCCI								
Street Address 686 COTTAGE		Street Address 686 COTTAGE STREET							
City NEW BEDFORD	State MA	<sup>Zip</sup> 02740	City NEW	BEDFORD	State MA	Zip 02740			
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment						
This information is currently of record in the Department of State.		NUVBER OF SHARES		CLASS/SEF	RIES	PAR VALUE			
		2000		NONE		NONE			
Changes require an additional fili	ng.	į –							
11. This report must be executed					rporation is in th	e hands of a receiver or			
trustee, this report must be exec	cuted on behalf of t	the corporation by	the receiver or tr	rustee.					
Under penalty of perjury, I dec statements, and that all staten				ncluding any acc	ompanying sci	nedules and			
Name of Authorized Representative Date									
JOHN CO	12	-19-2017							
Signature of Authorized Repress	entativo Ja	SIGN DO	CUMENT HER	E					

MAIL TO:

**Division of Business Services** 

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

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