



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JAN 19 PM 12:30

- 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 23552		2. Exact name of the Corporation FRANK LIZOTTE'S GLASS CO., INC.			
3. Principal Office Address 8 PERRY STREET			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island GLASS SALES AND INSTALLATION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers: (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RONALD J. LOZOTTE			Vice-President Name PATRICIA L. LIZOTTE		
Street Address 80 NIMITZ ROAD			Street Address 80 NIMITZ ROAD		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name PATRICIA L. LIZOTTE			Treasurer Name RONALD J. LIZOTTE		
Street Address 80 NIMITZ ROAD			Street Address 80 NIMITZ ROAD		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. List ALL directors: (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RONALD J. LIZOTTE			Director Name PATRICIA L. LIZOTTE		
Street Address 80 NIMITZ ROAD			Street Address 80 NIMITZ ROAD		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	PAR VALUE
			100	COMMON	NO PAR VALUE
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. <i>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.</i>					
Name of Authorized Representative RONALD J. LIZOTTE				Date 1/2/18	
Signature of Authorized Representative <i>Ronald J. Lizotte</i>			FILED DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 19 2018

BY 4283 KM