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

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
536789	**Wayside Glass & Mirror Company, Inc.**

3. Principal Office Address	City	State	Zip
940 Boston Post Road	Marlborough	MA	01752

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238150	Glass and aluminum installations.
5. State of Incorporation: Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Vincent J. Purpura, Jr.	220 Winch Street	Framingham	MA	01701

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Vincent J. Purpura, III	39 Grove Street	Hopkinton	MA	01748

Treasurer Name	Street Address	City	State	Zip
Vincent J. Purpura, III	39 Grove Street	Hopkinton	MA	01748

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Vincent J. Purpura, Jr.	220 Winch Street	Framingham	MA	01701
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Vincent J. Purpura, III	39 Grove Street	Hopkinton	MA	01748
Director Name	Street Address	City	State	Zip

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CNP	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	Date
Vincent J. Purpura III	1-26-18

Signature of Authorized Representative: SIGN 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

FILED
JAN 29 2018
BY: 20012 DS

FORM 630 - Revised: 10/2017