



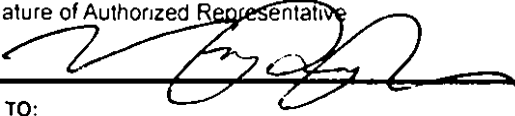
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 536789		2. Exact name of the Corporation Wayside Glass & Mirror Company, Inc.			
3. Principal Office Address 940 Boston Post Road			City Marlborough	State MA	Zip 01752
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island 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 Vincent J. Purpura, Jr.			Vice-President Name		
Street Address 220 Winch Street			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name Vincent J. Purpura, III			Treasurer Name Vincent J. Purpura, III		
Street Address 39 Grove Street			Street Address 39 Grove Street		
City Hopkinton	State MA	Zip 01748	City Hopkinton	State MA	Zip 01748
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Vincent J. Purpura, Jr.			Director Name Vincent J. Purpura, III		
Street Address 220 Winch Street			Street Address 39 Grove Street		
City Framingham	State MA	Zip 01701	City Hopkinton	State MA	Zip 01748
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 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 Vincent J. Purpura III					Date 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

FORM 630 - Revised: 10/2017

BY 20012 DS