



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

Annual Report for the year: 2018
Corporation

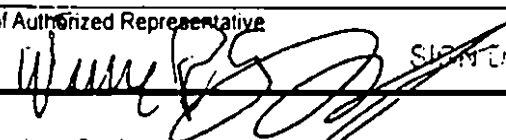
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 21 2018

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BY

1. Entity ID Number 132419		2. Exact name of the Corporation Bill Lizotte Architectural Glass & Aluminum, Inc.	
3. Principal Office Address 400 Wampanoag Trail		City East Providence	State RI
		Zip 02915	
4. NAICS Code 423710		5. Brief description of the character of business conducted in Rhode Island furnishing, repairing, and dealing in architectural doors, frames, store fronts, hardware and glazing; operating a contracting business	
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name William R. Lizotte		Vice-President Name None	
Street Address 400 Wampanoag Trail		Street Address	
City East Providence	State RI	City	State
Zip 02915		Zip	
Secretary Name Catherine A. Lizotte		Treasurer Name William R. Lizotte	
Street Address 400 Wampanoag Trail		Street Address 400 Wampanoag Trail	
City East Providence	State RI	City East Providence	State RI
Zip 02915		Zip 02915	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES Common
		PAR VALUE 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.			
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 William R. Lizotte		Date 2/6/18	
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