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
BY 19858

1. Entity ID Number	2. Exact name of the Corporation
132419	Bill Lizotte Architectual Glass & Aluminum, Inc.

3. Principal Office Address	City	State	Zip
400 Wampanoag Trail	East Providence	RI	02915

4. NAICS Code	5. Brief description of the character of business conducted in Rhode Island
423710	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	Street Address	City	State	Zip
William R. Lizotte	400 Wampanoag Trail	East Providence	RI	02915

Vice-President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Catherine A. Lizotte	400 Wampanoag Trail	East Providence	RI	02915

Treasurer Name	Street Address	City	State	Zip
William R. Lizotte	400 Wampanoag Trail	East Providence	RI	02915

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

Director Name	Street Address	City	State	Zip
None				

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
200	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.

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
William R. Lizotte	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

FORM 630 - Revised: 10/2016