



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

FILED

FEB 26 2018

BY

18916

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.

1. Entity ID Number 1095517		2. Exact name of the Corporation MODERN GLASS & ALUMINUM, INC.			
3. Principal Office Address 42 Eastman Street			City South Easton	State MA	Zip 02375
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island Contract Glazier			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karl H. Johnson			Vice-President Name		
Street Address 83 Coddling Rd.			Street Address		
City Norton	State MA	Zip 02766	City	State	Zip
Secretary Name Jeffrey P. Johnson			Treasurer Name		
Street Address 21 Woodhaven Dr.			Street Address		
City Franklin	State MA	Zip 02038	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	
		none			
				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 Karl H. Johnson				Date 2/22/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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