



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65406		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.			
3. Street Address Principal Business Office 1020 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 333-4080		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO GLASS BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Coleman			Vice President Name Linda A. Coleman		
Street Address 26 Cook Road			Street Address 26 Cook Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Daniel Coleman			Treasurer Name Linda A. Coleman		
Street Address 26 Cook Road			Street Address 26 Cook Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel Coleman			Director Name Linda A. Coleman		
Street Address 26 Cook Road			Street Address 26 Cook Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	\$1.00 PAR VALUE		200	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 5 4 0 6

File Date 2/17/05
Check No. 3008
By: W.
FOR SECRETARY OF STATE USE ONLY

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.

Linda Coleman 1-25-05
Signature of Officer Date
Linda Coleman
Print or Type Name of Officer
Vice President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65406		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.			
3. Street Address Principal Business Office 1020 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4013334080		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO GLASS BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name Daniel Coleman			Vice President Name Linda A. Coleman		
Street Address 26 Cook Road			Street Address 26 Cook Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Daniel Coleman			Treasurer Name Linda A. Coleman		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
Director Name Daniel Coleman			Director Name Linda A. Coleman		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	\$1.00 PAR VALUE		200	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 5 4 0 6

65406 DBC 03/22/04 02:03:14 PM

File Date 4-20-09

Check No. 2031

By: LLP

FOR SECRETARY OF STATE USE ONLY

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.

Linda A. Coleman 4-6-09
Signature of Officer Date

Linda A. Coleman

Print or Type Name of Officer

Treasurer

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *65406*		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.			
3. Street Address Principal Business Office 1020 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4013334080		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO GLASS BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin R. Fournier			Vice President Name None		
Street Address 11 Fox Run			Street Address		
City E. Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Diane R. Fournier			Treasurer Name Linda A. Coleman		
Street Address 11 Fox Run			Street Address 26 Cook Road		
City E. Greenwich	State RI	Zip 02817	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin R. Fournier			Director Name Linda A. Coleman		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	\$1.00 PAR VALUE		200	Common	\$1.00
11. SHARES ISSUED (X BOX FOR ATTACHMENT) []					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



65406 DBC2/28/03 11:09:06 AM

File Date: 4-3-03

Check No.: 2039

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

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.

Linda A. Coleman 3-21-03
Signature of Officer Date
Linda A. Coleman
Print or Type Name of Officer
Treasurer
Title of Officer



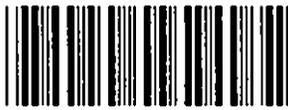
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65406		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.			
3. Street Address Principal Business Office 1020 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 333-4080		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island auto glass business					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin R. Fournier			Vice President Name None		
Street Address 11 Fox Run			Street Address		
City E. Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Diane R. Fournier			Treasurer Name Linda A. Coleman		
Street Address 11 Fox Run			Street Address 26 Cook Rd.		
City E. Greenwich	State RI	Zip 02817	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin R. Fournier			Director Name Linda A. Coleman		
Street Address 11 Fox Run			Street Address 26 Cook Rd.		
City E. Greenwich	State RI	Zip 02817	City Cumberland	State RI	Zip 02864
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	\$1.00 PAR VALUE		200	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 5 4 0 6 *

File Date: 3.11.02
Check No.: 1473
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Linda A. Coleman 2.27.02
Signature of Officer Date

Linda A. Coleman, Treas.

Print or Type Name of Officer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65406		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.			
3. Street Address Principal Business Office 1020 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 333-4080		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island auto glass business					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin R. Fournier			Vice President Name None		
Street Address 11 Fox Run			Street Address		
City E. Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Diane R. Fournier			Treasurer Name Linda A. Coleman		
Street Address 11 Fox Run			Street Address 787 Mendon Road		
City E. Greenwich	State RI	Zip 02817	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin R. Fournier			Director Name Linda A. Coleman		
Street Address 11 Fox Run			Street Address 787 Mendon Road		
City E. Greenwich	State RI	Zip 02817	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHARES	\$1.00 PAR VAL		200	common	\$1.00
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 5 4 0 6 *

FILED

File Date: JAN 24 2001

Check No.: By CC4133

By: cc

FOR SECRETARY OF STATE USE ONLY

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.

Linda A. Coleman 1-11-01
Signature of Officer Date

Linda A. Coleman
Print or Type Name of Officer

Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **65406** 2. Name of Corporation **FOURNIER & COLEMAN AUTO GLASS, INC.**
3. Street Address Principal Business Office **268 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **(401) 333-4080** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**
7. Brief Description of the Character of Business Conducted in Rhode Island
auto glass business

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Kevin R. Fournier	Vice President Name None
Street Address 11 Fox Run	Street Address
City West Greenwich State RI Zip 02817	City State Zip
Secretary Name Diane R. Fournier	Treasurer Name Linda A. Coleman
Street Address 11 Fox Run	Street Address 787 Mendon Road
City West Greenwich State RI Zip 02817	City Cumberland State RI Zip 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Kevin R. Fournier	Director Name Linda A. Coleman
Street Address 11 Fox Run	Street Address 787 Mendon Road
City West Greenwich State RI Zip 02817	City Cumberland State RI Zip 02864
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
800 SHARES	\$1.00 PAR VAL	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
200	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: **FILED**
Check No.: **JAN 26 2000**
By: **CA 3602**
FOR SECRETARY OF STATE USE ONLY

00. 11 23 7 07
Signature of Officer: **Linda A. Coleman** Date: **1-19-00**
Print or Type Name of Officer: **Linda A. Coleman**
Title of Officer: **Treasurer**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85406		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.			
3. Street Address Principal Business Office 288 Mendon Road			City Cumberland	State RI	Zip 02864
4. Telephone No. (401) 333-4080		5. State of Incorporation RHODE ISLAND		6. Zip 02864 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island auto glass business					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin R. Fournier			Vice President Name None		
Street Address 168 North Bend Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Diane R. Fournier			Treasurer Name Linda A. Coleman		
Street Address 168 North Bend Street			Street Address 787 Mendon Road		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin R. Fournier			Director Name Linda A. Coleman		
Street Address 168 North Bend Street			Street Address 787 Mendon Road		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHARES	\$1.00 PAR VAL		200	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **FILED**

Check No.: **JAN 20 1999**

By: **By Ce 3031**

FOR SECRETARY OF STATE USE ONLY

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.

Linda A. Coleman **1-11-99**
Signature of Officer Date

Linda A. Coleman
Print or Type Name of Officer

Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85406		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.		
3. Street Address Principal Business Office 268 Mendon Road		City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 333-4080		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island auto glass business				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Kevin R. Fournier		Vice President Name None		
Street Address 168 North Bend Street		Street Address		
City Pawtucket	State RI	Zip 02860	City	State
Secretary Name Diane R. Fournier		Treasurer Name Linda A. Coleman		
Street Address 168 North Bend Street		Street Address 787 Mendon Road		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name Kevin R. Fournier		Director Name Linda A. Coleman		
Street Address 168 North Bend Street		Street Address 787 Mendon Road		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
800 SHARES	\$1.00 PAR VAL		200	Common
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
800 SHARES	\$1.00 PAR VAL		200	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/2/98
Check No.: 253
By: [Signature]

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.

Signature of Officer: Linda A. Coleman Date: 1-29-98
Print or Type Name of Officer: Linda A. Coleman
Title of Officer: Treasurer



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65406		2. Name of Corporation FOURNIER & COLEMAN AUTO GLASS, INC.			
3. Street Address Principal Business Office 1740 Lonsdale Avenue			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-4080		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island auto glass business					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin R. Fournier			Vice President Name None		
Street Address 168 North Bend Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Diane R. Fournier			Treasurer Name Linda A. Coleman		
Street Address 168 North Bend Street			Street Address 787 Mendon Road		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kevin R. Fournier			Director Name Linda A. Coleman		
Street Address 168 North Bend Street			Street Address 787 Mendon Road		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI	Zip 02864
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHARES	\$1.00 PAR VALUE		200	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3.5.97
2016
Check No.: 100
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.
Signature of Officer: Kevin Fournier
Date: 1/3/97
Print or Type Name of Officer: Kevin Fournier
Title of Officer: President

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 0065406		2. NAME OF CORPORATION FOURNIER & COLEMAN AUTO GLASS, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1740 Lonsdale Avenue		CITY Lincoln	STATE RI	ZIP CODE 02865
4. BUSINESS PHONE NO. (401) 333-4080		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 8953
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND auto glass business				

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Kevin R. Fournier			VICE PRESIDENT NAME None		
STREET ADDRESS 168 North Bend Street			STREET ADDRESS		
CITY Pawtucket	STATE RI	ZIP CODE 02860	CITY	STATE	ZIP CODE
SECRETARY NAME Diane R. Fournier			TREASURER NAME Linda A. Coleman		
STREET ADDRESS 168 North Bend Street			STREET ADDRESS 787 Mendon Road		
CITY Pawtucket	STATE RI	ZIP CODE 02860	CITY Cumberland	STATE RI	ZIP CODE 02864

B. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Kevin R. Fournier			DIRECTOR NAME Linda A. Coleman		
STREET ADDRESS 168 North Bend Street			STREET ADDRESS 787 Mendon Road		
CITY Pawtucket	STATE RI	ZIP CODE 02860	CITY Cumberland	STATE RI	ZIP CODE 02864
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
800 SHS	NO PAR VALUE		200	Common	none

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/6/96

Check No: ?

By: @ / VP

For Secretary of State Use Only

Kevin Fournier
Signature of Officer

Kevin Fournier
Print or Type Name of Officer

President
Title of Officer

1/31/96
Date



ANNUAL REPORT

Please Type or Print
 File Annually -- Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0055405 Annual Report for the year: 1995

Name of Corporation: FOURNIER & COLEMAN AUTO GLASS, INC.

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1740 Lonsdale Avenue
Lincoln, RI 02865
 Phone: (401) 333-4080

auto glass business

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Kevin R. Fournier	168 North Bend Street, Pawtucket, RI	02860	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Diane R. Fournier	Same		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda A. Coleman	787 Mendon Road, Cumberland, RI	02864	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Kevin R. Fournier	168 North Bend Street, Pawtucket, RI	02860	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda A. Coleman	787 Mendon Road, Cumberland, RI	02864	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
800	Common	200	Common

Date 125 95, 19 95 By: Kevin R. Fournier
 PRINT OR TYPE NAME OF OFFICER SIGNING
Kevin R. Fournier
 TITLE OF OFFICER SIGNING
President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MATTHEW L. LEWISS
 79 FRANKLIN ST.
 WESTERLY RI 02891

PAID
FEB 06 1995
 SEC'Y OF STATE
 OK # 1126 20

Name of Business Entity: FOURNIER & COLEMAN AUTO GLASS, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).

4 Ryan Avenue
Cumberland, RI 02864

Phone: (401) 333-4080

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1-1)
- Professional Service Corporation (See RIGL Chapter 7-5-1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Matthew L. Lewiss, Esquire
79 Franklin Street
Westerly, RI 02891

Brief statement of the character of business conducted in Rhode Island

auto glass business

Date of Organization: 8/30/91

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY STATE ZIP CODE

Kevin R. Fournier 168 N. Bend St. Pawtucket, RI 02860

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY STATE ZIP CODE

CONTROLLER OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY STATE ZIP CODE

Diane R. Fournier 168 N. Bend St. Pawtucket, RI 02860

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY STATE ZIP CODE

Linda A. Coleman 787 Mendon Rd. Cumberland, RI 02864

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY STATE ZIP CODE

Kevin R. Fournier 168 N. Bend St. Pawtucket, RI 02860

NAME STREET ADDRESS CITY STATE ZIP CODE

Linda A. Coleman 787 Mendon Rd. Cumberland, RI 02864

NAME STREET ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 800
CLASS common
SERIES none

PAR VALUE OR WITHOUT PAR \$1.00 par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200
CLASS common
SERIES none

PAR VALUE OR WITHOUT PAR \$1.00 par value

Date 1/28, 1994

By x Kevin Fournier

FILED

FEB 15 1994

By WR 778

PRINT OR TYPE NAME OF OFFICER SIGNING

Kevin Fournier

TITLE OF OFFICER SIGNING

President

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

MATTHEW L. LEWISS
79 FRANKLIN ST.
WESTERLY RI 02891

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

397

Corporate ID 65406 Annual Report for the year 1993

FIRST: The name of the corporation is FOURNIER & COLEMAN AUTO GLASS, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is auto glass business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o MATTHEW L. LEWISS
79 Franklin Street, Westerly, RI 02891

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Kevin R. Fournier	Director	168N. Bend St., Pawtucket, RI 02860
Linda A. Coleman	Director	787 Mendon Rd., Cumberland, RI 02864
	Director	
Kevin R. Fournier	President	168 N. Bend St. Pawtucket, RI 02860
	Vice President	
Diane R. Fournier	Secretary	168 N. Bend St., Pawtucket, RI 02860
Linda A. Coleman	Treasurer	787 Mendon Rd., Cumberland, RI 02864

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	common	none	\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	none	\$1.00 par value

FEB 01 1993
SECY OF STATE

Dated Jan 27 19 93 FOURNIER & COLEMAN AUTO GLASS, INC.

(Name of Corporation)
By Linda A. Coleman
Linda A. Coleman
Title Treasurer

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

397

Corporate ID 00EEACE Annual Report for the year 1992

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79 Franklin Street, Westerly, RI 02891

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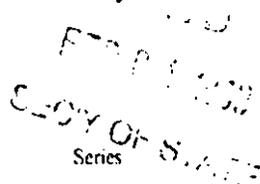
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Linda A. Coleman	Director	787 Mendon Rd., Cumberland, RI 02864
	Director	
Kevin R. Fournier	President	168 N. Bend Street, Pawtucket, RI 02860
	Vice President	
Diane R. Fournier	Secretary	168 N. Bend Street, Pawtucket, RI 02860
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Dated January 27 19 93

FOURNIER & COLEMAN AUTO GLASS, INC.

(Name of Corporation)

By Linda A. Coleman

LINDA A. COLEMAN

Title Treasurer

(Report must be signed by an officer)