



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 OR PRINTED IN BLACK)

1. Corporate ID No. 9906		2. Name of Corporation THAMES GLASS, INC.			
3. Street Address Principal Business Office 688 Thames Street			City Newport	State R.I.	Zip 02840
4. Business Phone No. (401) 8460576		5. State of Incorporation RHODE ISLAND			6. SIC Code 1032
7. Brief Description of the Character of Business Conducted in Rhode Island MAKE AND SELL HAND BLOWN GLASS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Matthew Buechner			Vice President Name Adrian Buechner		
Street Address 139 Old Beach Road			Street Address 139 Old Beach Road		
City Newport	State RI	Zip 02840	City Newport	State R.I.	Zip 02840
Secretary Name Matthew Buechner			Treasurer Name Adrian Buechner		
Street Address 139 Old Beach Road			Street Address 139 Old Beach Road		
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200 no par value		

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



FILED

File Date MAR 01 2005  
Check No. By  
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

2/28/05  
Date

Adrian Buechner  
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

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 OR PRINTED IN BLACK)

1. Corporate ID No. 9906		2. Name of Corporation THAMES GLASS, INC.			
3. Street Address Principal Business Office 688 Thames Street		City Newport		State R.I.	Zip 02840
4. Business Phone No. (401) 8460576		5. State of Incorporation RHODE ISLAND			6. SIC Code 1032
7. Brief Description of the Character of Business Conducted in Rhode Island MAKE AND SELL HAND BLOWN GLASS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Matthew Buechner			Vice President Name Adrian Buechner		
Street Address 139 Old Beach Road			Street Address 139 Old Beach Road		
City Newport	State R.I.	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Matthew Buechner			Treasurer Name Adrian Buechner		
Street Address 139 Old Beach Road			Street Address 139 Old Beach Road		
City Newport	State R.I.	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200 no par value		

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



\* 9 9 0 6 \*

File Date 2/20/04  
Check No. 18952  
By: SC

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.

VP Jan 8, 2004  
Signature of Officer Date  
Adrian Buechner  
Print or Type Name of Officer  
Vice President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the 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 OR PRINTED IN BLACK)

1. Corporate ID No.

9906

2. Name of Corporation

THAMES GLASS, INC.

3. Street Address

Thames Glass Inc.

688 Thames Street

Newport, RI 02840

City

State

Zip

4. Business Phone No.

401-846-0576

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1032

7. Brief Description of the Character of Business Conducted in Rhode Island

We make and sell handblown glass

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Matthew Buechner

Street Address

139 Old Beach Road

City

Newport

State

RI

Zip

02840

Vice President Name

Adrian Buechner

Street Address

139 Old Beach Road

City

Newport

State

RI

Zip

02840

Secretary Name

Matthew Buechner

Street Address

139 Old Beach Road

City

Newport

State

RI

Zip

02840

Treasurer Name

Adrian Buechner

Street Address

139 Old Beach Road

City

Newport

State

RI

Zip

02840

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200 no par value

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



\* 9 9 0 6 \*

File Date:

3.3.03

Check No.:

18499

By:

UP

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

Adrian Buechner

Print or Type Name of Officer

Vice President

Title of Officer

2/27/03

Date



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. 9906 2. Name of Corporation THAMES GLASS, INC.  
3. Street Address Principal Office Thames Glass Inc. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
688 Thames Street  
4. Business Phone No. Newport, RI 02840 5. State of Incorporation RHODE ISLAND 6. SIC Code 1032  
401-846-0576

7. Brief Description of the Character of Business Conducted in Rhode Island  
We make and sell hand blown glass

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Matthew Buechner</u> Street Address <u>139 Old Beach Road</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u> Secretary Name <u>Matthew Buechner</u> Street Address <u>same</u> City _____ State _____ Zip _____	Vice President Name <u>Adrian Buechner</u> Street Address <u>139 Old Beach Road</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u> Treasurer Name <u>Adrian Buechner</u> Street Address <u>same</u> City _____ State _____ Zip _____
---	--

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name _____ Street Address _____ City _____ State _____ Zip _____ Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____ Director Name _____ Street Address _____ City _____ State _____ Zip _____
--	--

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>200 no par value</u>		

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



\* 9 9 0 6 \*

File Date: 4-16-02

Check No.: 17802

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] 2/26/02  
Signature of Officer Date

Adrian Buechner  
Print or Type Name of Officer

Vice President  
Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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. **9906** 2. Name of Corporation **THAMES GLASS, INC.**  
3. Street Address Principal Business Office **Thames Glass, Inc.** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**688 Thames Street**  
4. Business Phone No. **Newport, RI 02840** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1032**  
**401-846-0576**

7. Brief Description of the Character of Business Conducted in Rhode Island

*We make and sell hand blown glass*

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Matthew Buechner**  
Street Address **139 Old Beach Road**  
City **Newport** State **RI** Zip **02840**

Secretary Name **Matthew Buechner**  
Street Address **Same**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President Name **Adrian Buechner**  
Street Address **139 Old Beach Road**  
City **Newport** State **RI** Zip **02840**

Treasurer Name **Adrian Buechner**  
Street Address **Same**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

**1000 NO PAR VAL**

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

ISSUED SHARES **200**

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

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



\* 9 9 0 6 \*

File Date: 2/27

Check No.: 17036

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] VP  
Signature of Officer Date

Print or Type Name of Officer

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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. **9906** 2. Name of Corporation **THAMES GLASS, INC.**  
3. Street Address Principal Business Office **Thames Glass, Inc.** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**688 Thames Street**  
4. Business Phone No. **Newport, RI 02840** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1032**  
**401-846-0576**

7. Brief Description of the Character of Business Conducted in Rhode Island

*We make + sell hand blown glass.*

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Matthew Buechner</b>	Vice President Name <b>Adrian Buechner</b>
Street Address <b>139 Old Beach Road</b>	Street Address <b>139 Old Beach Road</b>
City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>	City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>
Secretary Name <b>Matthew Buechner</b>	Treasurer Name <b>Adrian Buechner</b>
Street Address <i>[Signature]</i>	Street Address <i>[Signature]</i>
City _____ State _____ Zip _____	City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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 _____

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

AUTHORIZED SHARES

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

**1000 NO PAR VAL**

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

ISSUED SHARES **200**

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

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



\* 9 9 0 6 \*

File Date: **PAID** *10/13/00*

Check No.: **MAR 02 2000**

By: **SEC'Y OF STATE**

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]* **2-15-00**  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**ADRIAN BUECHNER**  
Print or Type Name of Officer \_\_\_\_\_

**VP**  
Title of Officer \_\_\_\_\_



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

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. <b>9906</b>		2. Name of Corporation <b>THAMES GLASS, INC.</b>	
3. Street Address Principal Business Office <b>Thames Glass Inc. 688 Thames Street Newport, RI 02840 401-846-0576</b>		City <b>Newport</b>	State <b>RI</b>
4. Business Phone No. <b>401-846-0576</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>1032</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>We make and sell hand blown glass.</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Matthew Buechner</b>		Vice President Name <b>ADRIAN BUECHNER</b>	
Street Address <b>139 Old Beach Road</b>		Street Address <b>None</b>	
City <b>Newport</b>		City <b>None</b>	
State <b>RI</b>		State <b>None</b>	
Zip <b>02840</b>		Zip <b>None</b>	
Secretary Name <b>Matthew Buechner</b>		Treasurer Name <b>ADRIAN BUECHNER</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>		City <b>None</b>	
State <b>None</b>		State <b>None</b>	
Zip <b>None</b>		Zip <b>None</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1000 NO PAR VAL</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES <b>200</b>			
Number of Shares	Class/Series	Par Value	

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



\* 9 9 0 6 \*

File Date: **Jan 02, 99**  
Check No.: **9654**  
By: **JD**

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: **ADRIAN BUECHNER**  
Date: **1/14/99**  
Print or Type Name of Officer: **ADRIAN BUECHNER**  
Title of Officer: **VP**



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



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.

2. Name of Corporation

3. Street Address Principal Business Office

**THAMES GLASS, INC.**

Thames Glass Inc.  
City 688 Thames Street  
Newport, RI 02840  
401-846-0576

State

Zip

4. Business Phone No.

5. State of Incorporation

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

**RHODE ISLAND**

**1032**

*We make and sell hand blown glass.*

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

President Name

**MATTHEW BUECHNER**

Vice President Name

**ADRIAN BUECHNER**

Street Address

**139 Old Beach Road**

Street Address

**139 Old Beach Road**

City

**Newport**

State

**RI**

Zip

**02840**

City

**Newport**

State

**RI**

Zip

**02840**

Secretary Name

**Matthew Buechner**

Treasurer Name

**ADRIAN BUECHNER**

Street Address

Street Address

City

*same*

State

Zip

City

*same*

State

Zip

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

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1000 NO PAR VAL**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**200**

File Date:

**2-26-98**

Check No.:

**15028**

By:

**WCP**

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

**ADRIAN BUECHNER**

Print or Type Name of Officer

Title of Officer

Date

**2/25/98**





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

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. <b>9906</b>		2. Name of Corporation <b>THAMES GLASS, INC.</b>			
3. Street Address Principal Business Office <b>688 Thames St.</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
4. Business Phone No. <b>401-846-0576</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1032</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>We make and sell hand blown glass.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Matthew Buechner</b>			Vice President Name <b>ADRIAN BUECHNER</b>		
Street Address <b>139 Old Beach Road</b>			Street Address <b>139 Old Beach Road</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Matthew Buechner</b>			Treasurer Name <b>ADRIAN BUECHNER</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR 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
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES <input checked="" type="checkbox"/> <b>200</b>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000 NO PAR VAL</b>					

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



\* 9 9 0 6 \*

File Date: **3/25/97**

Check No.: **19332**

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: **A** Date: **2/25/97**

Print or Type Name of Officer: **ADRIAN BUECHNER**

Title of Officer: **VP**

# 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. <b>9906</b>		2. NAME OF CORPORATION <b>THAMES GLASS, INC.</b>	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>688 Thames St.</b>		CITY <b>Newport</b>	STATE <b>RI</b>
4. BUSINESS PHONE NO. <b>401-846-0576</b>		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>	6. SIC CODE <b>1032</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>We make and sell hand blown glass.</b>			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b>			
PRESIDENT NAME <b>Matthew Buechner</b>		VICE PRESIDENT NAME <b>Adrian Buechner</b>	
STREET ADDRESS <b>139 Old Beach Rd</b>		STREET ADDRESS	
CITY <b>Newport</b>	STATE <b>RI</b>	ZIP CODE <b>02840</b>	CITY <b>None</b>
SECRETARY NAME <b>Matthew Buechner</b>		TREASURER NAME <b>Adrian Buechner</b>	
STREET ADDRESS		STREET ADDRESS	
CITY <b>None</b>	STATE <b>None</b>	ZIP CODE	CITY <b>None</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b>			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY
<b>10. SHARES AUTHORIZED AND ISSUED</b>			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES
<b>1000 NO PAR VAL</b>		<b>None</b>	

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:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

**ADRIAN BUECHNER**

Print or Type Name of Officer

**VP**

Title of Officer

Date

DETACH BOTTOM BEFORE RETURNING

**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: 0008906 Annual Report for the year: 1995

Name of Corporation: THAMES GLASS, INC.

Business entity organized under the laws of the State of: RI

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):

688 Thames Street  
Newport RI 02840

Phone: (401) 846-0576

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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

We make hand blown glass + we  
sell it at retail and at wholesale to the  
to the public trade

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>MATTHEW BUECHNER</u>	<u>139 Old Beach Road</u>	<u>Newport RI 02840</u>
VICE PRESIDENT	<u>ADRIAN BUECHNER</u>		
SECRETARY	<u>MATTHEW BUECHNER</u>		
TREASURER	<u>ADRIAN BUECHNER</u>		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 1000 Class / Series No par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 200 Class / Series no par value

Date 2/28/95, 19 95

By: A  
ADRIAN BUECHNER  
PRINT OR TYPE NAME OF OFFICER SIGNING  
TITLE OF OFFICER SIGNING VP

Form 31 1/95

**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.

ADRIAN MARIE BUECHNER  
688 THAMES STREET  
NEWPORT RI 02840

**FILED**

MAR 02 1995

By ce 12850

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277 3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP Jan. 1 - March 1

Corporate ID: 0002906 Annual Report for the year: 1994

Name of Business Entity: THAMES GLASS, INC

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: 401-846

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

688 Thames Street  
Newport RI 02840

Phone: 401-846-0576

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:

ADRIAN BUECHNER, VP  
Thames Glass Inc.  
688 Thames St.  
Newport RI 02840

Brief statement of the character of business conducted in Rhode Island

We design + make hand blown glass which  
we wholesale to the trade + retail at our own shop.

Date of Organization Nov. 1, 1983

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

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one)	MATTHEW BUECHNER	139 Old Beach Rd.	Newport RI	02840
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (check one)	ADRIAN BUECHNER	Sare		
<input type="checkbox"/> CLERK OF RECORDS OR <input type="checkbox"/> SECRETARY (check one)	MATTHEW BUECHNER	Sare		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (check one)	ADRIAN BUECHNER	Sare		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS

SERIES

PAR VALUE OR WITHOUT PAR No par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200

CLASS

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

Date 2/24, 1994

By: ADRIAN BUECHNER

FILED

MAR 08 1994

By: [Signature]

PRINT OR TYPE NAME OF OFFICER SIGNING

VP  
TITLE OF OFFICER SIGNING

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.

ADRIAN MARIE BUECHNER  
688 THAMES STREET  
NEWPORT RI 02840

Filing Fee \$50.00

1095473

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

Corporate ID 0009306  
050403661 Annual Report for the year 1993  
FIRST: The name of the corporation is THAMES GLASS, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is making + selling hand blown glass

FOURTH: If foreign corporation, address of its principal office ~~688 Thames St~~ None  
Newport RI 02840

FIFTH: Business address in Rhode Island 688 Thames St.  
Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>Matthew Buechner</u>	President	<u>139 Old Beach Rd</u>
<u>Adrian Buechner</u>	Vice President	<u>Newport RI 02840</u>
<u>Matthew Buechner</u>	Secretary	↓
<u>Adrian Buechner</u>	Treasurer	↓

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>		<u>PAID</u>	<u>No par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>		<u>SECY OF STATE</u>	<u>No par value</u>

Dated 1-26-93 19 93

Thames Glass Inc.  
(Name of Corporation)

By A ADRIAN BUECHNER

Title VP

(Report must be signed by an officer)

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

67727

Corporate ID 000890E Annual Report for the year 1992

FIRST: The name of the corporation is THAMES GLASS, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is making + selling hand blown glass

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 688 Thames Street  
Newport RI 02840

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

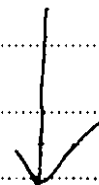
Matthew Buechner President

139 Old Beach Rd

Adrian Buechner Vice President

Matthew Buechner Secretary

Adrian Buechner Treasurer



SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

NO par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

200

NO par value

Dated 1-14 1992

Thames Glass Inc.

(Name of Corporation)

By

[Signature]

Title

VP

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0009906 Annual Report for the year 1991

FIRST: The name of the corporation is 050403661 THAMES GLASS, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is making + selling hand blown glass

FOURTH: If foreign corporation, address of its principal office                     

FIFTH: Business address in Rhode Island 688 Thames St.  
Newport RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Matthew Buechner	President	139 Old Beach Rd
Adrian Buechner	Vice President	
Matthew Buechner	Secretary	
Adrian Buechner	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000		PAID	No Par Value

EIGHTH: Number of Shares issued: 200

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200		991	No Par Value

Dated 1-29 19 91

Thames Glass Inc.  
(Name of Corporation)

By [Signature]  
Title VP

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

02

Corporate ID 0003906 Annual Report for the year 1990

FIRST: The name of the corporation is 050403661 THAMES GLASS, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is making and selling hand blown glass

FOURTH: If foreign corporation, address of its principal office.                     

FIFTH: Business address in Rhode Island 688 Thames St.  
Newport RI 02840

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

Name Office Address (including number, street, zip code)

Director		
Director		
Director		
Matthew Buechner	President	139 Old Beach Road
Adrian Buechner	Vice President	
Matthew Buechner	Secretary	
Adrian Buechner	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000			No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			No <del>Par</del> Par Value

Dated 2/15/90 19 90

Thames Glass Inc.  
(Name of Corporation)

By [Signature]

Title VP

(Report must be signed by an officer)



Filing Fee \$15.00

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

Corporate ID 0009906

Annual Report for the year 1989

FIRST: The name of the corporation is THAMES STREET GLASS HOUSE, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Hand Blown Glass

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 688 Thames Street  
Newport, RI 02840

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Matthew Buechner

President

688 Thames St. Newport RI 02840

Adrian Buechner

Vice President

688 Thane St. Newport RI 02840

Matthew Buechner

Secretary

Adrian Buechner

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

No par value

**PAID**

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

No par value

Dated 2/25/89 19 89

Thames Street Glass House  
(Name of Corporation)

By [Signature]

Title VP

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

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

Corporate ID 050403661 Annual Report for the year 1988

FIRST: The name of the corporation is Thames Street Glass House Inc.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is making and selling hand blown glass

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island 688 Thames Street  
Newport RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Matthew Buechner	President	688 Thames Street Newport RI 02840
Adrian Buechner	Vice President	
Matthew Buechner	Secretary	
Adrian Buechner	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u> <del>21000</del>		<u>1988</u>	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u> <del>21000</del>			No par value

Dated May 24 19 89

Thames Street Glass House  
(Name of Corporation)

By AR

Title VP

(Report must be signed by an officer)

Filing Fee \$15.00

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

Corporate ID 050403661 Annual Report for the year 1987

FIRST: The name of the corporation is Thames Street Glass House Inc.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is making and selling hand blown glass

FOURTH: If foreign corporation, address of its principal office                     

FIFTH: Business address in Rhode Island 688 Thames Street  
Newport RI 02840

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

Name	Office	Address (including number, street, zip code)
Director		
Director		
Director		
Matthew Buechner	President	688 Thames Street Newport RI 02840
Adrian Buechner	Vice President	
Matthew Buechner	Secretary	
Adrian Buechner	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<del>1000</del> 1000			No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<del>1000</del> 200			No par Value

Dated May 24 19 89

Thames Street Glass House  
(Name of Corporation)

By AR

Title VP

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 9906 Annual Report for the year 1986

FIRST: The name of the corporation is THAMES STREET GLASS HOUSE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to make and sell hand blown glass

FOURTH: If foreign corporation, address of its principal office. \_\_\_\_\_

FIFTH: Business address in Rhode Island 688 Thames Street  
Newport RI 02840

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

Name	Office	Address (including number, street, zip code)	
	Director		
	Director		
	Director		
<u>Matthew Buechner</u>	President	<u>Mailing: 688 Thames St. Npt.</u>	<u>Residence 8 Marchant St., R</u>
<u>Adrian Buechner</u>	Vice President		
<u>Matthew Buechner</u>	Secretary		
<u>Adrian Buechner</u>	Treasurer		

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>1000</u>		

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>200</u>		

Par Value  
or statement that  
shares are without  
par value

Shares are without  
par value

Shares are without  
par value

Dated 1-17 19 86

(Report must be signed by an officer)

01/24/86 PAID  
FEB 26 1986  
VP  
15 30  
15 00  
1035A007

Thames Street Glass House Inc.  
(Name of Corporation)

By AL

Title: VP

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 9906

Annual Report for the year 1985

FIRST: The name of the corporation is THAMES STREET GLASS HOUSE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Making and selling (retail + wholesale)  
Hand Blown Glass. We're a glass blowing studio (rather than a factory).

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 688 Thames Street  
Newport RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Matthew Buechner

President

8 Marchant St. Newport RI 02840

Adrian Buechner

Vice President

(mailing address 13 688 Thames  
Npt. 02840)

Matthew Buechner

Secretary

Adrian Buechner

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

Shares are  
without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

200

Shares are  
without par value

Dated 2-7 19 85

RECEIVED

Thames Street Glass House, Inc.

(Name of Corporation)

By

Title

VP

(Report must be signed by an officer)

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is Thames Street Glass House, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to produce and market hand blown glass or to engage in any other lawful activity.

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island

688 Thames Street Newport RI 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
<u>Matthew Buechner</u>	<u>President</u>	<u>688 Thames Street Newport RI 02840</u>
<u>Adrian Marie Buechner</u>	<u>Vice President</u>	<u>same</u>
<u>Matthew Buechner</u>	<u>Secretary</u>	<u>same</u>
<u>Adrian Marie Buechner</u>	<u>Treasurer</u>	<u>same</u>

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1000

shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

200

shares are without  
par value

Dated: February 10 1984

Thames Street Glass House, Inc.  
(Name of Corporation)

By

Matthew Buechner

Title

Vice President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040