



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. 143007		2. Name of Corporation CUMBERLAND GLASS CO.			
3. Street Address Principal Business Office 895 Mendon Road		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 401-334-5999		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING AND INSTALLING GLASS AND GLASS PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Stegman		Vice President Name Jerry Laboissoniere			
Street Address 249 Little Pond County Road		Street Address 70 Pine Swamp Road			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Robert Stegman		Treasurer Name Jerry Laboissoniere			
Street Address 249 Little Pond County Road		Street Address 70 Pine Swamp Road			
City Cumberland	State RI	Zip 02864	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 None		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) ☐					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
AUTHORIZED SHARES					ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	No Par

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



File Date	1-13-05
Check No.	1043
By:	2
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.

Robert Stegman 1/10/05
Signature of Officer Date
ROBERT STEGEMAN
Print or Type Name of Officer
PRESIDENT
Title of Officer