



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 JUL 27 AM 9:52

Annual Report for the year: 2017  
 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 1665042		2. Exact name of the Corporation United Glass & Mirror Company, LTD			
3. Principal Office Address 15 Stockhouse Road		City Bozrah		State CT	Zip 06334
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island Subcontractor for Commercial Work			
5. State of Incorporation CT					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Thomas Piscatelli			Vice-President Name Tyler Piscatelli		
Street Address 3 Dows Lane			Street Address 73 New London Rd.		
City Baltic	State CT	Zip 06330	City Mystic	State CT	Zip 06355
Secretary Name NA			Treasurer Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NA			Director Name NA		
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	Common Stock	\$10	
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. <i>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.</i>					
Name of Authorized Representative Tyler Piscatelli				Date July 18, 2018	
Signature of Authorized Representative 					

**FILED**

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

JUL 27 2018

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 A.A. 9:53 A.M.