



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. 131117		2. Name of Corporation Tracy Glover Objects and Lighting, Inc.			
3. Street Address Principal Business Office 1655 Elmwood Ave.			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-461-1560		5. State of Incorporation RHODE ISLAND			6. SIC Code 1032
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER OF HAND BLOWN GLASS PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tracy Glover			Vice President Name		
Street Address 229 Williams St.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
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					
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) <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
8,000	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



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131117 DBC 12/31/03 01:39:24 PM

File Date **FILED**

Check No. FEB 18 2005

By: 5886

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.

Tracy Glover
Signature of Officer _____ Date _____
Tracy Glover
Print or Type Name of Officer
President
Title of Officer



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President Name Tracy Glover Vice President Name
 Street Address 229 Williams St. Street Address
 City Providence State RI Zip 02906 City State Zip
 Secretary Name same Treasurer Name same
 Street Address Street Address
 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 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)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
 8,000 NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series 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



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 File Date **RECEIVED**
 Check No. JAN 20 2004
 By: BY [Signature]
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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.
 x [Signature] 1/15/04
 Signature of Officer Date
 Tracy Glover
 Print or Type Name of Officer
 President
 Title of Officer