



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 JAN 07 2019
 BY 13182
JD

1. Entity ID Number 0131117		2. Exact name of the Corporation Tracy Glover Objects and Lighting, Inc.	
3. Principal Office Address 59 Blackstone Avenue, Unit 11		City Pawtucket	State RI
		Zip 02860	
4. NAICS Code 339900	6. Brief description of the character of business conducted in Rhode Island Manufacturer of hand blown glass products		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tracy Glover		Vice-President Name	
Street Address 120 Bluff Avenue		Street Address	
City Cranston	State RI	Zip 02905	
Secretary Name		Treasurer Name Tracy Glover	
Street Address		Street Address 120 Bluff Avenue	
City	State	Zip	
		City Cranston	State RI
		Zip 02905	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name N/A	
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 Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		100	Common
		No Par	
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 Tracy Glover		Date 1/2/2019	
SIGNATURE OF AUTHORIZED REPRESENTATIVE SIGN DOCUMENT HERE			

MAIL TO:
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 Website: www.sos.ri.gov