



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  
JDN

1. Entity ID Number <b>0131117</b>		2. Exact name of the Corporation <b>Tracy Glover Objects and Lighting, Inc.</b>	
3. Principal Office Address <b>59 Blackstone Avenue, Unit 11</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
4. NAICS Code <b>339900</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacturer of hand blown glass products</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Tracy Glover</b>		Vice-President Name	
Street Address <b>120 Bluff Avenue</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	
Secretary Name		Treasurer Name <b>Tracy Glover</b>	
Street Address		Street Address <b>120 Bluff Avenue</b>	
City	State	Zip	
		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02905</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>N/A</b>		Director Name <b>N/A</b>	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>No Par</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Tracy Glover</b>		Date <b>1/2/2019</b>	
Signature of Authorized Representative  <div style="text-align: center;">SIGN DOCUMENT HERE</div>			

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

FORM 630 - Revised: 10/2017