



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

STAMP

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.

1. Entity ID Number 132419		2. Exact name of the Corporation Bill Lizotte Architectual Glass & Aluminum, Inc.			
3. Principal Office Address 400 Wampanoag Trail			City East Providence	State RI	Zip 02915
4. NAICS Code 423710		6. Brief description of the character of business conducted in Rhode Island Furnishing, repairing, and dealing in architectural doors, frames, store fronts, hardware and glazing; operating a contracting business			
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 William R. Lizotte			Vice-President Name None		
Street Address 400 Wampanoag Trail			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Catherine A. Lizotte			Treasurer Name William R. Lizotte		
Street Address 400 Wampanoag Trail			Street Address 400 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
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
		200		Common	No par value
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 William R. Lizotte				Date 01/16/19	
Signature of Authorized Representative <i>William R. Lizotte</i>				FILED	