RI SOS Filing Number: 201989226030 Date: 3/25/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2019
Corporation	

MAR 2 5 2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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FILEDITA

1. Entity ID Number		• •	on .					
161194		2. Exact name of the Corporation New England Architectural Glazing, Inc.						
3. Principal Office Address	: 11011 2119				Ctoto	Zip		
· ·	•		City		State	1 '		
226 Tourtellot Hill Road			Chepachet		RI	02814		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
238150	Glass busi	Glass business.						
5. State of Incorporation				•		,		
Rhode Island			·					
7. List ALL officers (names ar	nd addresses)	· · · · · · · · · · · · · · · · · · ·	•	CI	heck the box to i	ndicate an attachment		
President Name Jody Esposit	Vice-Pr			/ice-President Name None				
Street Address 226 Tourtellot	Hill Road		Street Address	5				
City Chepachet	State RI	Zip 02814	City		State	Zip		
	i	02014			<u> </u>			
Secretary Name Neil E. Espos	sito, Jr.		Treasurer Nar	Treasurer Name Neil E. Esposito, Jr.				
Street Address			1	s 226 Tourtellot				
226 Tourtellot								
Chepachet	State RI	^{Zip} 02814	City Chepachet		State RI	Zip 02814		
8. List ALL directors (names a	and addresses)			Ĉ	heck the box to	indicate an attachment 🔲		
Director Name Jody Esposito		Director Name Neil E. Esposito, Jr.						
Street Address 226 Tourtellot Hill Road		Street Address 226 Tourtellot Hill Road						
	State	Zip			State	Zip 02044		
Chepachet	RI RI	Zip 02814	City Chepac	het	RI	02814		
Director Name			Director Name	•				
Street Address		Street Address						
		·			I a			
City	State	Zip	City		State	Zip		
9. Shares Authorized	1	10. Shares Is	 sued	С	heck the box to i	indicate an attachment		
This information is currently of	f record in the	NUMBER C	F SHARES			PAR VALUE		
Department of State.		200		COMMON	1	\$0.0100		
Changes require an additional	filing.							
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	l sentative If the r	corporation is in	the hands of a receiver or		
trustee, this report must be ex	xecuted on behalf of	f the corporation by	the receiver or tr	ustee.	•			
Under penalty of perjury, I d				ncluding any a	ccompanying s	chedules and		
statements, and that all sta Name of Authorized Represer	tements contained ntative	i nerein are true ai	nd correct.		Date			
Jody Esposito, President 3-18-19					18-19			
Signature of Authorized Repre	ecentative				10,	10 1		
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0721	Jac Jacob							
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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