



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 TAMP

MAR 25 2019

BY 20117 DS

1. Entity ID Number 161194		2. Exact name of the Corporation New England Architectural Glazing, Inc.			
3. Principal Office Address 226 Tourtellot Hill Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 238150	6. Brief description of the character of business conducted in Rhode Island Glass 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 Jody Esposito			Vice-President Name None		
Street Address 226 Tourtellot Hill Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Neil E. Esposito, Jr.			Treasurer Name Neil E. Esposito, Jr.		
Street Address 226 Tourtellot Hill Road			Street Address 226 Tourtellot Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jody Esposito			Director Name Neil E. Esposito, Jr.		
Street Address 226 Tourtellot Hill Road			Street Address 226 Tourtellot Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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		
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. 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.					
Name of Authorized Representative Jody Esposito, President					Date 3-18-19
Signature of Authorized Representative <i>Jody Esposito</i>					