



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 25 2019

BY 1771 DSAnnual Report for the year: 2018  
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number <u>1669493</u>		2. Exact name of the Limited Liability Company <u>JM Glass LLC</u>	
3. NAICS Code <u>238150</u>		4. Brief description of the character of business conducted in Rhode Island <u>Glass, Mirror, Showerdoors, Glazing Contractor. Installing and removing</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>30 Cole Street</u>		City <u>Warren</u>	State <u>RI</u> Zip <u>02885</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Thomas F Charette</u>		Contact Title <u>Owner</u>	
Street Address <u>46 Whipple ave</u>		City <u>Barrington</u>	State <u>RI</u> Zip <u>02806</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>[Redacted]</u>		Manager Name <u>[Redacted]</u>	
Street Address <u>[Redacted]</u>		Street Address <u>[Redacted]</u>	
City <u>[Redacted]</u>	City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip <u>[Redacted]</u>
Manager Name <u>[Redacted]</u>		Manager Name <u>[Redacted]</u>	
Street Address <u>[Redacted]</u>		Street Address <u>[Redacted]</u>	
City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip <u>[Redacted]</u>	City <u>[Redacted]</u>
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person <u>Thomas F Charette Jr</u>		Date <u>3-22-19</u>	
Signature of Authorized Person <u>Thomas F Charette Jr</u>			

## MAIL TO:

Division of Business Services

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