



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

Annual Report for the year: **2020**
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 STAMP

JAN 27 2020

BY 14585 DS

1. Entity ID Number 16372		2. Exact name of the Corporation Newport Plate and Mirror Glass Company			
3. Principal Office Address 23 Cornell Highway			City Newport	State RI	Zip 02840
4. NAICS Code 453998		6. Brief description of the character of business conducted in Rhode Island Selling of Glass and Mirrors and related products			
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 Kenneth J. Gallison			Vice-President Name Barbara Gallison		
Street Address 42 Holman Street			Street Address 15 Orchard Street		
City Portsmouth	State RI	Zip 02871	City North Providence	State RI	Zip 02911
Secretary Name Raymond Gallison, Sr.			Treasurer Name Kenneth J. Gallison		
Street Address 15 Orchard Street			Street Address 42 Holman Street		
City North Providence	State RI	Zip 02911	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 300		10. Shares Issued 60 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	
		60	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 Kenneth J. Gallison				Date 1/24/20	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov