



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.

JAN 27 2020

BY

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1. Entity ID Number 000131117		2. Exact name of the Corporation Tracy Glover Objects and Lighting, Inc.			
3. Principal Office Address 59 Blackstone Avenue, Unit 11			City Pawtucket	State RI	Zip 02860
4. NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island Manufacturer of hand blown glass 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 Tracy Glover			Vice-President Name		
Street Address 120 Bluff Avenue			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name Tracy Glover		
Street Address			Street Address 120 Bluff Avenue		
City	State	Zip	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name N/A			Director Name N/A		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIALS	
		PAR VALUE			
		100	Common	No Par	
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 Tracy Glover				Date 1/23/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	