



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**

FEB 10 2020

2259

1. Entity ID Number <b>000076582</b>		2. Exact name of the Corporation <b>KENT COUNTY GLASS INC.</b>			
3. Principal Office Address <b>787 WASHINGTON STREET</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>238150</b>	6. Brief description of the character of business conducted in Rhode Island <b>SELLING OF GLASS AND REPAIRS</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>TODD JENDZEJEC</b>			Vice-President Name		
Street Address <b>787 WASHINGTON STREET</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			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/SERIES	PAR VALUE
			<b>500</b>	<b>CNP</b>	<b>0.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>TODD JENDZEJEC</b>					Date <b>2/17/20</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov