



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

MAR 24 2020

24 002522

1. Entity ID Number 39716		2. Exact name of the Corporation RITE GLASS, INC.												
3. Principal Office Address 23 ELBOW STREET			City WOONSOCKET	State RI	Zip 02895									
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island ALL PURPOSE GLASS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name RUSSELL S. CARPENTIER			Vice-President Name NONE											
Street Address 19 RICHARDSON CLEARING TRAIL, P.O. BOX 802			Street Address											
City CHEPACHET	State RI	Zip 02814	City	State	Zip									
Secretary Name ANNETTE M. CARPENTIER			Treasurer Name NONE											
Street Address 19 RICHARDSON CLEARING TRAIL, P.O. BOX 802			Street Address											
City CHEPACHET	State RI	Zip 02814	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td>NONE</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE	NONE	NONE			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
NONE	NONE	NONE												
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 Annette M. Carpentier					Date 3/19/2020									
Signature of Authorized Representative <i>Annette M. Carpentier</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 272-3040

Website: www.sos.ri.gov