



State of Rhode Island

Department of State - Business Services Division

FILED

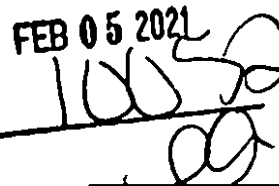
Annual Report for the year: 2021

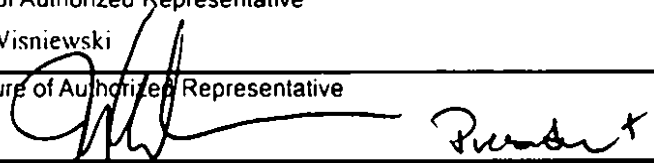
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FEB 05 2021
BY 

1. Entity ID Number 1657473		2. Exact name of the Corporation Payless Auto Glass, Inc.			
3. Principal Office Address 527 Wethersfield Avenue			City Hartford	State CT	Zip 06114
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Sale and installation of auto glass.			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John Wisniewski			Vice-President Name		
Street Address 527 Wethersfield Avenue			Street Address		
City Hartford	State CT	Zip 06114	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 ☐					
Director Name John Wisniewski			Director Name		
Street Address 527 Wethersfield Avenue			Street Address		
City Hartford	State CT	Zip 06114	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		40,100	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 John Wisniewski				Date 1-27-21	
Signature of Authorized Representative 					

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

FORM 630 - Revised: 08/2020