State of Rhode Island

Department of State - Business Services Division

FILED
FEB 05 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
1657473	Payless Auto Glass, Inc.

3. Principal Office Address	City	State	Zip
527 Wethersfield Avenue	Hartford	CT	06114

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811121	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	Vice-President Name
John Wisniewski	
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	Director Name
John Wisniewski	
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
John Wisniewski	1-27-21

Signature of Authorized Representative: President

MAIL TO:
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