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			
000039716	RITE GLASS, INC.			
3. Principal Office Address		City	State	Zip
23 ELBOW STREET		WOONSOCKET	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238150	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, PO 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, PO 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

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
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	Date
ANNETTE M. CARPENTIER	02/03/2021

Signature of Authorized Representative: Annette M. Carpentier

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