RI SOS Filing Number: 202193527900 Date: 3/3/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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2021 MAR -3 AM 11:36

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
23552	FRANK LIZOTTE'S GLASS CO., INC.		
3. Principal Office Address: 8 PERRY STREET	City: CENTRAL FALLS	State: RI	Zip: 02863
4. NAICS Code: 238150	6. Brief description of the character of business conducted in Rhode Island: GLASS SALES AND INSTALLATION		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PATRICIA L. LIZOTTE			Vice-President Name: MICHAEL J. LIZOTTE		
Street Address: 80 NIMITZ ROAD			Street Address: 33 HUNTER DRIVE		
City: RUMFORD	State: RI	Zip: 02916	City: CUMBERLAND	State: RI	Zip: 02864
Secretary Name: AMY L. SANTOS			Treasurer Name: PATRICIA L. LIZOTTE		
Street Address: 337 FERRIS AVENUE			Street Address: 80 NIMITZ ROAD		
City: RUMFORD	State: RI	Zip: 02916	City: RUMFORD	State: RI	Zip: 02916

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: AMY L. SANTOS			Director Name: PATRICIA L. LIZOTTE		
Street Address: 337 FERRIS AVENUE			Street Address: 80 NIMITZ ROAD		
City: RUMFORD	State: RI	Zip: 02916	City: RUMFORD	State: RI	Zip: 02916
Director Name: MICHAEL J. LIZOTTE			Director Name: NONE		
Street Address: 33 HUNTER DRIVE			Street Address:		
City: CUMBERLAND	State: RI	Zip: 02864	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
100	COMMON	NO PAR VALUE

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: PATRICIA L. LIZOTTE

Date: 1-28-21

Signature of Authorized Representative: Patricia L. Lizotte

SIGN DOCUMENT HERE

FILED
MAR 3 2021
BY: BDPGJ
11:36

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: 10/2017