



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.

FILED

MAR 26 2021

BY 23898

1 Entity ID Number 536789		2 Exact name of the Corporation Wayside Glass & Mirror Company, Inc.			
3 Principal Office Address 940 Boston Post Road		City Marlborough		State MA	Zip 01752
4 NAICS Code 238150	6 Brief description of the character of business conducted in Rhode Island Glass and aluminum installations.				
5 State of Incorporation Massachusetts					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vincent J. Purpura, Jr.			Vice-President Name		
Street Address 220 Winch Street			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name Vincent J. Purpura, III			Treasurer Name Vincent J. Purpura, III		
Street Address 39 Grove Street			Street Address 39 Grove Street		
City Hopkinton	State MA	Zip 01748	City Hopkinton	State MA	Zip 01748
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vincent J. Purpura, Jr.			Director Name Vincent J. Purpura, III		
Street Address 220 Winch Street			Street Address 39 Grove Street		
City Framingham	State MA	Zip 01701	City Hopkinton	State MA	Zip 01748
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASSIFICATIONS	PAR VALUE
		1000		CNP	0
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 Vincent J. Purpura III					Date 1-27-2021
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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