RI SOS Filing Number: 202197368040 Date: 6/2/2021 4:00:00 PM

State of Rhode Island
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
JUN 02 2021
BY 22918

1. Entity ID Number	2. Exact name of the Corporation		
69 5517	**MODERN GLASS & ALUMINUM, INC.**		
3. Principal Office Address	City	State	Zip
42 EASTMAN STREET	SOUTH EASTON	MA	02375
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
23815	SPECIALITY CONTRACTING		
5. State of Incorporation			
MASSACHUSETTS			

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

President Name KARL H. JOHNSON			Vice-President Name JEFFREY P. JOHNSON		
Street Address 83 CODDING ROAD			Street Address 21 WOODHAVEN DRIVE		
City NORTON	State MA	Zip 02334	City FRAINKLIN	State MA	Zip 02038
Secretary Name JEFF P. JOHNSON			Treasurer Name KARL H. JOHNSON		
Street Address 21 WOODHAVEN DRIVE			Street Address 83 CODDING ROAD		
City FRANKLIN	State MA	Zip 02038	City NORTON	State MA	Zip 02334

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

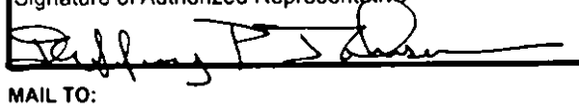
9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			

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
JEFFREY P. JOHNSON	5.27.2021

Signature of Authorized Representative



MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020