



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

FILED

JUL 08 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 3044

1. Entity ID Number <u>000622591</u>		2. Exact name of the Corporation <u>Joe's Auto Glass, Inc</u>			
3. Principal Office Address <u>1562 Newport AVE</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02861</u>
4. NAICS Code <u>811121</u>		6. Brief description of the character of business conducted in Rhode Island <u>Repair and replacement of all auto glass,</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Joseph Pimental</u>			Vice-President Name		
Street Address <u>48 Prospect St</u>			Street Address		
City <u>Lumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>Catherine Costa</u>			Treasurer Name		
Street Address <u>120 Ledge Rd</u>			Street Address		
City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>100</u>	<u>STK</u>	<u>\$ 0.0100</u>	
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 <u>Joseph Pimental</u>				Date <u>6-16-2021</u>	
Signature of Authorized Representative 					

MAIL TO:
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