



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.

STAMP

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 001697611		2. Exact name of the Corporation Cumberland Glass Co. Of Rhode Island, Inc.		2021 JUL 30 P 12:57	
3. Principal Office Address 21 Pine Grove Avenue			City Lincoln	State RI	Zip 02865
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island Shower glass enclosure design, fabrication, and installation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott Harnois			Vice-President Name		
Street Address 21 Pine Grove Avenue			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Scott Harnois			Treasurer Name Scott Harnois		
Street Address 21 Pine Grove Avenue			Street Address 21 Pine Grove Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Harnois			Director Name		
Street Address 21 Pine Grove Avenue			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 5,000	CLASS/SERIES common, no par	PAR VALUE \$1,000
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 Scott Harnois				Date 7/29/2021	
Signature of Authorized Representative <i>Scott Harnois</i>					