



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024 STAMP

24624

FOR THE STATE OF RHODE ISLAND

1. Entity ID Number 000076582		2. Exact name of the Corporation KENT COUNTY GLASS INC.			
3. Principal Office Address 787 WASHINGTON STREET			City COVENTRY	State RI	Zip 02816
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island SELLING OF GLASS AND REPAIRS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TODD JENDZEJEC			Vice-President Name		
Street Address 787 WASHINGTON STREET			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 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		CLASS/SERIES	
		500		CNP	
				PAR VALUE	
				0.00	
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 TODD JENDZEJEC				Date 2/19/24	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov