



**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.

**FILED**

**FEB 16 2024**

BY 15574  
OS

1. Entity ID Number <b>00018042</b>		2. Exact name of the Corporation <b>The House of Glass, Inc.</b>			
3. Principal Office Address <b>2563 Post Road Suite 101</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>235900</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail sales of glass and mirror products.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael J. Corsi</b>			Vice-President Name <b>Lisa M. Corsi</b>		
Street Address <b>18 Algonquin Trail</b>			Street Address <b>29 River Farms Drive</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Lisa M. Corsi</b>			Treasurer Name <b>Lisa M. Corsi</b>		
Street Address <b>29 River Farms Drive</b>			Street Address <b>29 River Farms Drive</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIALS		
		<b>100</b>	<b>Common</b>	<b>No Par</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Lisa M. Corsi</b>				Date <b>2/16/24</b>	
Signature of Authorized Representative <i>Lisa M. Corsi</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov