



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 *[Signature]*

1. Entity ID Number 00018042		2. Exact name of the Corporation The House of Glass, Inc.			
3. Principal Office Address 2563 Post Road Suite 101			City Warwick	State RI	Zip 02886
4. NAICS Code 235900		6. Brief description of the character of business conducted in Rhode Island Retail sales of glass and mirror products.			
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 Michael J. Corsi			Vice-President Name Lisa M. Corsi		
Street Address 18 Algonquin Trail			Street Address 29 River Farms Drive		
City Narragansett	State RI	Zip 02882	City West Warwick	State RI	Zip 02893
Secretary Name Lisa M. Corsi			Treasurer Name Lisa M. Corsi		
Street Address 29 River Farms Drive			Street Address 29 River Farms Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIALS Common	PAR VALUE No Par	
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 Lisa M. Corsi					Date <i>[Signature]</i>
Signature of Authorized Representative <i>[Signature]</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