(B)	Sate of Rhode Island Lapartment of State - Business Services Division
------------	--

Annual Report for the year: 2024
Corporation

FILEDEP

MAR 05 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form is not filed by May 31.

y r charty: Maditional \$25.5	oo ice ii iciiii is iic	t med by way or.				<u> </u>		
1. Entity ID Number	2 Exact name							
536789	Wayside	Glass & Mir	rror Compa	any, Inc.				
3. Principal Office Address	·		City				Zip	
940 Boston Post Road	940 Boston Post Road			orough M			01752	
4. NAICS Code	6. Brief descri	er of business conducted in Rhode Island						
238150	Glass and	Glass and aluminum installations.						
5. State of Incorporation								
Massachusetts								
7. List ALL officers (names and	l addresses)				ck the box to	indicate	an attachment 🔲	
President Name Vincent J. F	Vice-President Name							
Street Address 220 Winch S	Street Address							
^{City} Framingham	State MA	^{Zip} 01701	City	City			Zıp	
Secretary Name Vincent J. F	Treasurer Name Vincent J. Purpura, Jr.							
Street Address 39 Grove St	Street Address 39 Grove Street							
^{City} Hopkinton	State MA	^{Zip} 01748	City Hopkii	City Hopkinton		A	^{Zip} 01748	
8. List ALL directors (names ar	nd addresses)			Che	ck the box to	indicate	an attachment 🔲	
Director Name Vincent J. Purpura, Jr.			Director Name Vincent J. Purpura, Jr.					
Street Address 220 Winch S	Street Address 39 Grove Street							
^{City} Framingham	State MA	^{Zip} 01701	City Hopkinton		State M	ΙA	^{Zip} 01748	
Director Name			Director Name			•		
Street Address	Street Address							
City	State	Zip	City		State		Zip	
9. Shares Authorized	10. Shares Issi	10. Shares Issued Check the box to indicate an attachm				an attachment []:		
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
Department of State.		1000		CNP		0		
Changes require an additional fi	ling.							
11. This report must be execute					poration is in	the han	ds of a receiver or	
trustee, this report must be exc Under penalty of perjury, I de					omnanvina s	chodul	os and	
statements, and that all state				nciuding any acci	umpanying s	cnedur	es and	
Name of Authorized Represent	rative	Date						
260		2-13-24						
Signature of Authorized Repres					<u> </u>			
Vincent J.	turair-	TE,						

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov