



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.

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1. Entity ID Number 65406		2. Exact name of the Corporation Fournier & Coleman Auto Glass, Inc.			
3. Principal Office Address 1020 Mendon Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 442291		6. Brief description of the character of business conducted in Rhode Island Auto glass installation and related services and other activities allowed under Rhode Island law.			
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 Daniel Coleman			Vice-President Name Linda A. Coleman		
Street Address 1020 Mendon Road			Street Address 1020 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Daniel Coleman			Treasurer Name Linda A. Coleman		
Street Address 1020 Mendon Road			Street Address 1020 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Daniel Coleman			Director Name		
Street Address 1020 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name Linda A. Coleman			Director Name		
Street Address 1020 Mendon Road			Street Address		
City Cumberland	State RI	Zip 021864	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	PAR VALUE
		200	Common	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 Linda A. Coleman				Date February 21, 2024	
Signature of Authorized Representative 				MAR 18 2024 61463 BY	