




State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
 DEPT. OF STATE  
 14 MAR 13 PM 2:10:15  
 A.M.P.

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.

1. Entity ID Number <b>65406</b>		2. Exact name of the Corporation <b>Fournier &amp; Coleman Auto Glass, Inc.</b>			
3. Principal Office Address <b>1020 Mendon Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>442291</b>		6. Brief description of the character of business conducted in Rhode Island <b>Auto glass installation and related services and other activities allowed under Rhode Island law.</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>Daniel Coleman</b>			Vice-President Name <b>Linda A. Coleman</b>		
Street Address <b>1020 Mendon Road</b>			Street Address <b>1020 Mendon Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Daniel Coleman</b>			Treasurer Name <b>Linda A. Coleman</b>		
Street Address <b>1020 Mendon Road</b>			Street Address <b>1020 Mendon Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</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 <b>Daniel Coleman</b>			Director Name		
Street Address <b>1020 Mendon Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name <b>Linda A. Coleman</b>			Director Name		
Street Address <b>1020 Mendon Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>021864</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</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>Linda A. Coleman</b>				Date <b>February 21, 2024</b>	
Signature of Authorized Representative 				<b>MAR 18 2024</b> <b>4463</b> BY _____	

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