



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
SECRETARY OF STATE
REGISTRATIONS DIV.
SECRETARY OF STATE
CORPORATE DIV.
2024 JUN -6 PM 2:22
2024 MAY 24 AM 11:28

1. Entity ID Number 792351		2. Exact name of the Corporation Patriot Auto Glass Inc.	
3. Principal Office Address 26 Begonia St.		City West Warwick	State RI
		Zip 02893	
4. NAICS Code 81121	6. Brief description of the character of business conducted in Rhode Island Auto Glass Repair & Replacement		
5. State of Incorporation R.I			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daniel W. Turcotte		Vice-President Name	
Street Address 20 Susan Cr.		Street Address	
City Johnston	State RI	Zip 02919	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Daniel W. Turcotte		Director Name	
Street Address 20 Susan Cr.		Street Address	
City Johnston	State RI	Zip 02919	
Director Name		Director Name	
Street Address		Street Address	
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 100	CLASS/SERIES
			PAR VALUE 0.01
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 Daniel W. Turcotte		Date 5/22/24	
Signature of Authorized Representative 			

FILED

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

JUN 06 2024
BY **YJG-B7 AA** 2:24 PM
FORM 630- Revised 12/2023