

REC'D 12:00 PM  
 SEP 27 2024  
 STATE OF RHODE ISLAND  
 DEPARTMENT OF STATE

2022



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2022**

**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>001683546</b>		2. Exact name of the Corporation <b>Pinnacle Glass Of New England, Inc.</b>			
3. Principal Office Address <b>125 Esten Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>238900</b>		6. Brief description of the character of business conducted in Rhode Island <b>Shower glass work—other glass services</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>Scott Harnois</b>			Vice-President Name		
Street Address <b>21 Pine Grove Avenue</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>Scott Harnois</b>			Treasurer Name <b>Scott Harnois</b>		
Street Address <b>21 Pine Grove Avenue</b>			Street Address <b>21 Pine Grove Avenue</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</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>Scott Harnois</b>			Director Name		
Street Address <b>21 Pine Grove Avenue</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			<b>5,000</b>	<b>CNP</b>	<b>100</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. <i>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.</i>					
Name of Authorized Representative <b>Scott Harnois</b>				Date <b>9/27/24</b>	
Signature of Authorized Representative 			<b>FILED</b>		

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

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 BY **TXHSH**  
**427**      **KJ**