



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

FEB 05 2025

BY 210552
AA

1. Entity ID Number <u>132419</u>		2. Exact name of the Corporation Bill Lizotte Architectural Glass & Aluminum, Inc.			
3. Principal Office Address 400 Wampanoag Trail			City East Providence	State RI	Zip 02915
4. NAICS Code 238510		6. Brief description of the character of business conducted in Rhode Island Furnishing, repairing, and dealing in architectural doors, frames, store fronts, hardware and glazing; operating a contracting business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name William R. Lizotte			Vice-President Name None		
Street Address 400 Wampanoag Trail			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Catherine A. Lizotte			Treasurer Name William R. Lizotte		
Street Address 400 Wampanoag Trail			Street Address 400 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE No par value
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 William R. Lizotte				Date 2/17/25	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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