



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

MAR 04 2025

BY

1. Entity ID Number 000039716		2. Exact name of the Corporation RITE GLASS, INC.			
3. Principal Office Address 23 ELBOW STREET			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island ALL PURPOSE GLASS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RUSSELL S. CARPENTIER			Vice-President Name NONE		
Street Address 19 RICHARDSON CLEARING TRAIL			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Secretary Name ANNETTE M. CARPENTIER			Treasurer Name ANNETTE M. CARPENTIER		
Street Address 19 RICHARDSON CLEARING TRAIL			Street Address 19 RICHARDSON CLEARING TRAIL		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		
			CLASS/SERIES		
			PAR VALUE		
NONE			NONE		
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 ANNETTE M. CARPENTIER				Date 02/26/2025	
Signature of Authorized Representative <i>Annette M. Carpenter</i>					

## MAIL TO:

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