



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000096983

2. Name of Corporation Custard Insurance Adjusters, Inc.

3. Street Address Principal Business Office:

No. and Street: 4875 AVALON RIDGE PARKWAY

City or Town: NORCROSS

State: GA Zip: 30071 Country: USA

4. Business Phone No.

7702636800

5. State of Incorporation

State: IN

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE CLAIMS SERVICES.

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RICK G LINVILLE	4875 AVALON RIDGE PARKWAY NORCROSS, GA 30071 USA
SECRETARY	PAMELA J STATE	4875 AVALON RIDGE PARKWAY NORCROSS, GA 30071 USA
CEO	ROBERT E. SOBY	4875 AVALON RIDGE PARKWAY NORCROSS, GA 30071 USA
DIRECTOR	RICK G LINVILLE	4875 AVALON RIDGE PARKWAY NORCROSS, GA 30071 USA
DIRECTOR	ROBERT E SOBY	4875 AVALON RIDGE PARKWAY NORCROSS, GA 30071 USA
DIRECTOR	PAMELA J STATE	4875 AVALON RIDGE PARKWAY NORCROSS, GA 30071 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1,000.00	984

9. 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.

Signed this 11 Day of February, 2008 at 10:29:35 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JENNIFER DANKO
Signature of Authorized Representative of the Corporation

LICENSING MANAGER
Title

Form No. 630
Revised 09/07

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