



**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:**

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

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><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