RI SOS Filing Number: 200808953610 Date: 02/19/2008 4:00 PM

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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** 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.***

1. Corporate ID No.	2. Name of Corporation			
114110	CUSTOM METAL FABRICATING			
3. Street Address Principal Business Office		City	State	Zip
248 TORONTO AVENUE		PROVIDENCE	RI	02905
4. Business Phone No.	5. State of Incorporation			
401-785-1289	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
DESIGN, FABRICATION, INSTALLATION AND WELDING

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
PHILLIP M. ENGLISH	248 TORONTO AVENUE	PROVIDENCE	RI	02905

Vice President Name	Street Address	City	State	Zip
JOHN BLAYDES	248 TORONTO AVENUE	PROVIDENCE	RI	02905

Secretary Name	Street Address	City	State	Zip
PHILLIP M. ENGLISH	248 TORONTO AVENUE	PROVIDENCE	RI	02905

Treasurer Name	Street Address	City	State	Zip
PHILLIP M. ENGLISH	248 TORONTO AVENUE	PROVIDENCE	RI	02905

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	SHS COMMON	NO PAR

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.

[redacted] [redacted]

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.

[redacted] 2/15/08
Signature *Date*

PHILLIP M. ENGLISH
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 19 2008
By: By DS-10289
FOR SECRETARY OF STATE USE ONLY

20806-7-232759

Form 630 Rev. 12/06