

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

9**4**01.222.3040

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\daggedd)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation CUSTOM MARINE PLASTICS, INC. 111072 3. Street Address Principal Business Office State City 02809 1 1 281 FRANKLIN UNIT 1A STREET RRISTOL 4. Business Phone No 5. State of Incorporation 401-253-5400 RHODE 6. Brief Description of the Character of Business Conducted in Rhode Island PARTS MANUFOCTURER OF HOPE PLASTICS - MARINE, OTHER 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name DIP, PPO SAME MICHAEL J. Street Address Street Address Unit 8 249 HOPE STREET Zıp City State BRISTOL 02809 Secretary Name . SAME . SAME. Street Address Street Address City State Ζip 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name J. D.P. PPO MICHAEL Street Address Street Address UNIT 8 SMEET 249 Z_{1D} City City N-= 02809 Director Name Director Name Street Address Street Address City State Z(p)10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of 100 State. Changes require an additional filing. See Section 9 of ì 100 instruction sheet.

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.

File Date FILED
Check JAN 0 8 2009
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FOR SECRETARY OF STATE USE ONLY

	affirm that I have examined this report,
	s and statements, and that all statements
contained herein are true and correct.	
M	01-06-09
Signature	Date
MICHAEL J. DIPIPPE	
Print or Type Name	
PRESIDENT	
Title	