



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 89077		2. Exact name of the Corporation CUSTOM FIBERGLASS, INC.			
3. Principal office address 132 BLISS ROAD		City NEWPORT		State RI	Zip 02840
4. Business Phone No. 401-849-4341		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE AND DESIGN FIBERGLASS AND/OR PLASTIC PRODUCTS					
LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE INSTRUCTIONS FOR ATTACHMENT)					
President Name GREGORY YOUNCE			Vice-President Name DEBORAH YOUNCE		
Street Address 132 BLISS ROAD			Street Address 132 BLISS ROAD		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name GREGORY YOUNCE			Treasurer Name GREGORY YOUNCE		
Street Address 132 BLISS ROAD			Street Address 132 BLISS ROAD		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE INSTRUCTIONS FOR ATTACHMENT)					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	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.

FILED
MAR 01 2013
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FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

GREGORY YOUNCE, PRESIDENT

Print or Type Name of Authorized Representative

Date