



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)							
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)							
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
 8735
 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] 2/28/13
 Signature of Authorized Representative Date
GREGORY YOUNCE, PRESIDENT
 Print or Type Name of Authorized Representative