



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. 64608		2. Exact name of the Corporation CUSTOM SUPPLY CORP.			
3. Principal office address 95 HATHAWAY STREET, SUITE B-17			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-941-2010		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island CLEANING AND ELECTRICAL SUPPLIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name THOMAS C. MINUTO			Vice-President Name PETER McGUINNESS		
Street Address 40 GOVERNORS HL			Street Address 11 SOLAR DRIVE		
City WEST WARWICK	State RI	Zip 02893-1914	City WARWICK	State RI	Zip 02886-1933
Secretary Name THOMAS V. MINUTO			Treasurer Name MICHAEL S. MINUTO		
Street Address 51 OSCEOLA AVENUE			Street Address 51 OSCEOLA DRIVE		
City NARRAGANSETT	State RI	Zip 02882-1616	City NARRAGANSETT	State RI	Zip 02882-1616
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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
			100	COMMON	0

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 _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

MAY 21 2013

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
THOMAS C. MINUTO

Print or Type Name of Authorized Representative

5/20/13
 Date

By *MAC*
 CR # 6930