

1. Entity ID No.

65597

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 2014

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

2. Exact name of the Corporation Custom Catering, Inc.

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

3. Principal office address 75 Wildwood Drive			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 942-7768		5. State of Incorporation Rhode Island			
Catering of food.		s conducted in Rhode Island			
7. LIST ALL OFFICERS (NAMES AND ADDI	RESSES) ("X" BOX FOR A	Sadd Ashailed and I may	公司等的的证明的	
President Name C. Lynne Turnbull			Vice-President Name Edward G. Turnbull		
Street Address 75 Wildwood Drive			Street Address 75 Wildwood Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name C. Lynne Turnbull			Treasurer Name C. Lynne Turnbull		
Street Address 75 Wildwood Drive			Street Address 75 Wildwood Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02924 (2)
8, LIST ALL DIRECTORS	(NAMES AND AD	DRESSES) ("X" BOX FOR	ATTACHMENT)		🏊 ූරු
Director Name C. Lynn Turnbull			Director Name Edward G. Turnbull		
Street Address 75 Wildwood Drive			Street Address 75 Wildwood Di	rive	1 5.0
City Cranston	State RI	Zip 02920	City Cranston	State RI	02920 S
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	<u> </u>		10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
<u> </u>	·	; ·; ·	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			100	Common	No Par Value
See Section 9 of instruct	ion sheet.				
This report must be execu	uted on behalf of the this report m	corporation by an authorize ust be executed on behalf o	f the corporation by the r	eceiver or trustee.	
File Date	0.5	FILED	- this report, including		irm that I have examined schedules and statements, ire true and correct.
Check No 10		MAR 0 7 2014	le Hym	whinle	W 2/16
Ву:	STATE USE ONE	1/1/15	Signatyre of Author C. Lynne Turn	ized Representative	Da fe

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012