



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 2016

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. 86157		2. Exact name of the Corporation CUSTOM IRON WORKS, INC.			
3. Principal office address 1600 Flat River Rd		City Coventry	State RI	Zip 02816	
4. Business Phone No. 401-826-3310		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Welding and fabrication of iron and other metals.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jacqueline J. Grace			Vice-President Name Brian P. Grace		
Street Address 1901 Flat River Rd			Street Address 1901 Flat River Rd		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Brian P. Grace			Treasurer Name Jacqueline J. Grace		
Street Address 1901 Flat River Rd			Street Address 1901 Flat River Rd		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			8,000	STK	\$1.00

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

FEB 26 2016

KL 4483

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.

Jacqueline J. Grace 02/23/2016
Signature of Authorized Representative Date

Jacqueline J. Grace President

Print or Type Name of Authorized Representative