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.	2. Exact name of the Corporation
794646	AMARAL CUSTOM FABRICATIONS, INC.

3. Principal office address	City	State	Zip
123 COUNTY ROAD	SEEKONK	MA	02771

4. Business Phone No.	5. State of Incorporation
(508) 336-6681	MASSACHUSETTS

6. Brief description of the character of business conducted in Rhode Island
ART FABRICATION, DESIGN AND PRODUCTION

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
PAUL T. AMARAL			NONE		
Street Address			Street Address		
123 COUNTY ROAD					
City	State	Zip	City	State	Zip
SEEKONK	MA	02771			
Secretary Name			Treasurer Name		
PAUL T. AMARAL			PAUL T. AMARAL		
Street Address			Street Address		
123 COUNTY ROAD			123 COUNTY ROAD		
City	State	Zip	City	State	Zip
SEEKONK	MA	02771	SEEKONK	MA	02771

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
PAUL T. AMARAL			NONE		
Street Address			Street Address		
123 COUNTY ROAD					
City	State	Zip	City	State	Zip
SEEKONK	MA	02771			
Director Name			Director Name		
NONE			NONE		
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.

10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR VALUE

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
AUG 22 2016
23590

CHECK NO.
BY
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.

X [signature]
Signature of Authorized Representative Date

PAUL T. AMARAL, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012