

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number		fee if form is not filed by April 1.					
5555		2. Exact name of the Corporation Custom Built Window & Door Systems, Inc.					
3. Principal Office Address			City		State	Zip	
80 Meadow Street			Warwick		RI	02886	
4. NAICS Code	6. Brief desc	cription of the charac	cter of business	conducted in Rhod	le Island		
31-33 - Manufacturing	l l	rer of Vinyl and Ale					
5. State of Incorporation	\dashv	, <u> </u>	u	, , , , , , , , , , , , , , , , , , ,			
RI	ſ						
7. List ALL officers (names and	d addresses)			Che	ck the box to in	ndicate an attachment	
President Name John E. Gardn	ner, III		Vice-Preside	ent Name Gregory R		diodio dii didoo	
Street Address 22 Miss Fry Driv	Street Addres	Street Address 30 Netop Court					
City East Greenwich	State RI	^{Zip} 02818	City Warwick		State RI	^{Zip} 02818	
	Secretary Name Gregory R. Gardner			Treasurer Name Scott M. Gardner			
Street Address 30 Netop Court				Street Address 40 Sundance Trail			
City Warwick	State RI	^{Zip} 02818	City Wakefield		State RI	^{Zip} 02879	
8. List ALL directors (names an	nd addresses)		_	Cher	ck the box to in	dicate an attachment	
Director Name John E. Gardne	er, III	-	Director Nam	e Gregory R. Gardr	ner	all the same and t	
Street Address 22 Miss Fry Drive			Street Address 30 Netop Court				
City East Greenwich	State RI	^{Zip} 02818	City Warwick		State RI	Zip 02818	
	Director Name Scott M. Gardner			Director Name			
Street Address 40 Sundance Tra	ail		Street Addres	Street Address			
City Wakefield	State RI	^{Zip} 02879	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Chec	k the box to inc	dicate an attachment	
This information is currently of re Department of State.	ecord in the	NUMBER OF 8,000SHS		CLASS/SER	IES .	PAR VALUE	
Changes require an additional fili				COMM		PAR VALUE	
	-						
11. This report must be execute	d on behalf of the	corporation by an a	uthorized repres	sentative. If the corr	poration is in the	e hands of a receiver or	
trustee, this report must be executive the control of the control	clare and affirm th	hat I have examine	ed this report, i	rustee. Including any acco	mnanvina eci	hadiilaa and	
statements, and that all stater	ements contained i	herein are true and	d correct.		mpanymy vv.		
Name of Authorized Representa		 -	Date				
John E. Gardner, III		01/12/2017					
Signature of Authorized Repress	entative		10/2 9 1 1 1 2	a Simo			
70 00 0		<u>un</u>					

MA'H-TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016