



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
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

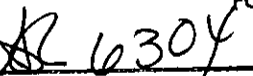
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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR - 1 PM 2:05

1. Entity ID Number 000930918		2. Exact name of the Corporation Custegra General Agency, Inc.									
3. Principal Office Address 5215 NORTH OCONNOR BOULEVARD, SUITE 1200			City IRVING	State TX	Zip 75039						
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island THE SOURCING OFFERSIN SELLING ADMINITERING AND PROVIDING OD PRODUCTS AND SERVICES TO VEHICLE RELATED AND FINANCIAL RELATED INDUSTRIES									
5. State of Incorporation TEXAS											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name DAVID M. TEREK			Vice-President Name								
Street Address 5215 N. OCONNOR BOULEVARD, SUITE 1200			Street Address								
City IRVING	State TX	Zip 75039	City	State	Zip						
Secretary Name DAVID B. SNYDER			Treasurer Name JEFFREY J LUKASH								
Street Address 5215 N. OCONNOR BOULEVARD, SUITE 1200			Street Address 5215 N. OCONNOR BOULEVARD, SUITE 1200								
City IRVING	State TX	Zip 75039	City IRVING	State TX	Zip 75039						
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CWP</td> <td>\$0.0100</td> </tr> <tr> <td>100</td> <td>PWP</td> <td>\$0.0100</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CWP	\$0.0100
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1,000	CWP	\$0.0100									
100	PWP	\$0.0100									
11. 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. 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.											
Name of Authorized Representative Jeffrey J. Lukash				Date 2/28/2017							
Signature of Authorized Representative 											

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 01 2017

FORM 630 - Revised: 02/2017

By  6304