State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

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.

1. Entity ID Number	2. Exact name of the Corporation			
000930918	Custegra General Agency, Inc.			
3. Principal Office Address		City	State	Zip
5215 NORTH OCONNOR BOULEVARD, SUITE 1200		IRVING	TX	75039
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
5	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

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 ☐

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	Date
Jeffrey J. Lukash	2/28/2017

Signature of Authorized Representative: Jeffrey J. Lukash

FILED

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

By 6304

FORM 630 - Revised: 02/2017