



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

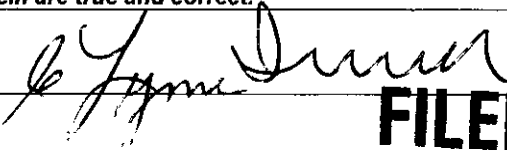
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2017 MAY 12 PM 3:26

1. Entity ID Number 65597		2. Exact name of the Corporation Custom Catering, Inc.												
3. Principal Office Address 75 Wildwood Drive			City Cranston	State RI	Zip 02920									
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island Catering of food												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name C. Lynne Turnbull			Vice-President Name Edward G. Turnbull											
Street Address 75 Wildwood Drive			Street Address 75 Wildwood Drive											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name C. Lynne Turnbull			Treasurer Name C. Lynne Turnbull											
Street Address 75 Wildwood Drive			Street Address 75 Wildwood Drive											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name C. Lynne Turnbull			Director Name Edward G. Turnbull											
Street Address 75 Wildwood Drive			Street Address 75 Wildwood Drive											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No Par Value												
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 C. Lynne Turnbull			Date											
Signature of Authorized Representative														

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

MAY 12 2017

BY 303589 FORM 630 - Revised: 02/2017

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