



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

Annual Report for the year: **2018**
Corporation

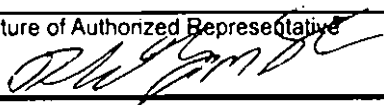
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 31 2018

BY

14920

1. Entity ID Number 114110		2. Exact name of the Corporation CUSTOM METAL FABRICATING, INC.			
3. Principal Office Address 248 TORONTO AVENUE			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 332900		6. Brief description of the character of business conducted in Rhode Island Design, fabrication, installation and welding			
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 PHILIP M. ENGLISH			Vice-President Name PHILIP M. ENGLISH		
Street Address 248 TORONTO AVENUE			Street Address 248 TORONTO AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name PHILIP M. ENGLISH			Treasurer Name PHILIP M. ENGLISH		
Street Address 248 TORONTO AVENUE			Street Address 248 TORONTO AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PHILIP M. ENGLISH			Director Name		
Street Address 248 TORONTO AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 PHILIP M. ENGLISH					Date 1/29/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 Water Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov