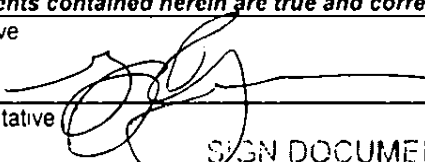




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 89077		2. Exact name of the Corporation Custom Fiberglass, Inc.			
3. Principal Office Address 132 Bliss Road		City Newport		State RI	Zip 02842
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island To manufacture and design fiberglass and/or plastic products			
5. State of Incorporation Rhode Island		339999			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Younce			Vice-President Name Deborah Younce		
Street Address 132 Bliss Road			Street Address 132 Bliss Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Gregory Younce			Treasurer Name Gregory Younce		
Street Address 132 Bliss Road			Street Address 132 Bliss Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		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 Gregory Younce, President					Date 2/22/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE
FILED