



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATE
 2018 MAR 23

1. Entity ID Number 5569		2. Exact name of the Corporation Custom Design Incorporated			
3. Principal Office Address 370 Commerce Park Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 332230		6. Brief description of the character of business conducted in Rhode Island Display manufacturing			
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 Raul Dias Jr.			Vice-President Name Adam M. Dias		
Street Address 75 Fishing Cove			Street Address 75 Fishing Cove		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Lindsay Dias			Treasurer Name Raul Dias Jr.		
Street Address 75 Fishing Cove			Street Address 75 Fishing Cove		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raul Dias Jr.			Director Name Lindsay Dias		
Street Address 75 Fishing Cove			Street Address 75 Fishing Cove		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		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 Raul Dias Jr.				Date 3/20/18	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE				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

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BY 327219