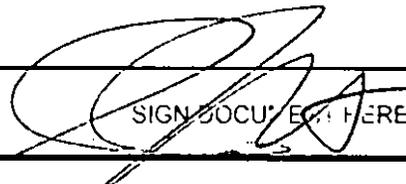




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**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 <b>000064608</b>		2. Exact name of the Corporation <b>Custom Supply, Corp.</b>			
3. Principal Office Address <b>95 Hathaway Street, Suite B17</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>561720</b>		6. Brief description of the character of business conducted in Rhode Island <b>Cleaning, industrial and paper supplies</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael S. Minuto</b>			Vice-President Name <b>Thomas V. Minuto</b>		
Street Address <b>27 Pettine Street</b>			Street Address <b>34 Terrace Drive</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Thomas V. Minuto</b>			Treasurer Name <b>Michael S. Minuto</b>		
Street Address <b>34 Terrace Drive</b>			Street Address <b>27 Pettine Street</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael S. Minuto</b>			Director Name <b>Thomas V. Minuto</b>		
Street Address <b>27 Pettine Street</b>			Street Address <b>34 Terrace Drive</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1,000.00</b>	<b>CNP</b>	<b>\$0.0000</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Michael S. Minuto</b>				Date <b>01/28/2019</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>JAN 31 2019</b> <b>17301</b>	
SIGN DOCUMENT HERE					