



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.

FILED

FEB 06 2019

BY

39097
[Signature]

1. Entity ID Number 90725		2. Exact name of the Corporation Custom Drywall, Inc.			
3. Principal Office Address 63 Commercial Way			City East Providence	State RI	Zip 02914
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island General construction			
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 Dianne Savastano			Vice-President Name Dianne Savastano		
Street Address 82 Glenbrook Road			Street Address 82 Glenbrook Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Dianne Savastano			Treasurer Name Dianne Savastano		
Street Address 82 Glenbrook Road			Street Address 82 Glenbrook Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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		
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 Dianne Savastano, President					Date 1-22-19
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov