RI SOS Filing Number: 201987993420 Date: 2/28/2019 4:00:00 PM

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 SP
FEB 28 2019
BY 9005

1. Entity ID Number	2. Exact name of the Corporation
65597	**Custom Catering, Inc.**

3. Principal Office Address	City	State	Zip
75 Wildwood Drive	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445120	**Catering of food**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
C. Lynne Turnbull	**Edward G. Turnbull**
Street Address: **75 Wildwood Drive**	Street Address: **75 Wildwood Drive**
City: **Cranston** State: **RI** Zip: **02920**	City: **Cranston** State: **RI** Zip: **02920**
Secretary Name: **C. Lynne Turnbull**	Treasurer Name: **C. Lynne Turnbull**
Street Address: **75 Wildwood Drive**	Street Address: **75 Wildwood Drive**
City: **Cranston** State: **RI** Zip: **02920**	City: **Cranston** State: **RI** Zip: **02920**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
C. Lynne Turnbull	**Edward G. Turnbull**
Street Address: **75 Wildwood Drive**	Street Address: **75 Wildwood Drive**
City: **Cranston** State: **RI** Zip: **02920**	City: **Cranston** State: **RI** Zip: **02920**
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 ☐

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	Date
C. Lynne Turnbull	2/17/19

Signature of Authorized Representative: ✓ C. Lynne Turnbull SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017