



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

MAR 04 2019

BY 2591 OS

1. Entity ID Number <u>75495</u>		2. Exact name of the Corporation <u>Custom Keyway & Machine Co INC</u>			
3. Principal Office Address <u>100 Bellow's St</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>
4. Business Phone Number <u>401-941-5555</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Service Metal-Fabricating 331420</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Daniel Drew</u>			Vice-President Name <u>Same None</u>		
Street Address <u>821 Mooristfield RD</u>			Street Address		
City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>	City	State	Zip
Secretary Name <u>Daniel Drew</u>			Treasurer Name <u>Same None</u>		
Street Address <u>821 Mooristfield RD</u>			Street Address		
City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Daniel Drew</u>			Director Name <u>None</u>		
Street Address <u>821 Mooristfield RD</u>			Street Address		
City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>	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
		<u>100</u>			<u>NO</u>
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 <u>Daniel Drew</u>					Date <u>2/25/19</u>
Signature of Authorized Representative					
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