



State of Rhode Island
Department of State - Business Services Division

FILED
JAN 21 2021
 BY *[Signature]*
[Signature]

Annual Report for the year: 2021
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 001680327		2. Exact name of the Corporation CUSTOM-TEK, INC.			
3. Principal Office Address 20 Ventura Drive			City N. Dartmouth	State Ma.	Zip 02747
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION SERVICES			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph S. Luiz, IV			Vice-President Name Joseph S. Luiz, IV		
Street Address 16 Kyle Jacob Rd			Street Address 16 Kyle Jacob Rd.		
City Dartmouth	State Ma.	Zip 02747	City Dartmouth	State Ma.	Zip 02747
Secretary Name Joan Goulart			Treasurer Name Joseph S. Luiz, IV		
Street Address 421 Old Westport Rd			Street Address 16 Kyle Jacob Rd.		
City Dartmouth	State Ma.	Zip 02747	City Dartmouth	State Ma.	Zip 02747
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph S. Luiz, IV			Director Name Joan Goulart		
Street Address 16 Kyle Jacob Rd.			Street Address 421 Old Westport Rd.		
City Dartmouth	State Ma.	Zip 02747	City Dartmouth	State Ma.	Zip 02747
Director Name n/a			Director Name n/a		
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
			10,000	common	0
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 Joseph S. Luiz, IV President					Date
Signature of Authorized Representative <i>[Signature]</i>					

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