RI SOS Filing Number: 202105215280 Date: 11/19/2021 1:08:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 NOV 19 PM 1:07

1. Entity ID Number	2. Exact name of the Corporation		
65597	CUSTOM CATERING, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
195 FRANKLIN STREET	BRISTOL	R.I.	02809
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
445120	CATERING SERVICES		
5. State of Incorporation			
R.I.			

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

President Name	Vice-President Name
CAROL L. TURNBULL	EDWARD TURNBULL
Street Address: 68 THIRD STREET	Street Address: 68 THIRD STREET
City: NEWPORT State: R.I. Zip: 02840	City: NEWPORT State: RI Zip: 02840
Secretary Name	**Treasurer Name**
JAMIE	C. LYNNE TURNBULL
Street Address:	Street Address: JAMIE
City: State: Zip:	City: State: Zip:

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

Director Name	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

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 SHR		NO PAR COMMON

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
EDWARD TURNBULL	FILED	11/19/21

Signature of Authorized Representative: Edward Turnbull

NOV 19 2021

BY: SB BAV 1:08

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: 08/2020