



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 NOV 24 AM 10:47

1. Entity ID Number 000005932		2. Exact name of the Corporation Fiberglass Fabricators, Inc.			
3. Principal Office Address 964 Douglas Pike			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 326199		6. Brief description of the character of business conducted in Rhode Island DESIGNING, MANUFACTURING, SELLING INDUSTRIAL PRODUCTS OF FIBERGLASS REINFORCEMENT PLASTICS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ANTHONY J. CAPO			Vice-President Name NONE		
Street Address 20 ARNOLD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
		2000		CNP	\$0.0000
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 LEONARD J. APPEL, CPA, POA				Date 11/24/2021	
Signature of Authorized Representative <i>Leonard J. Appel, CPA, POA</i>					

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

NOV 24 2021

BY *5NDZR*

FORM 630 - Revised: 08/2020