RI SOS Filing	Date: 4/6/	Date: 4/6/2023 4:00:00 PM				
State of Rhode Island Department of Sta	te - Busines:	s Services [Division			
Annual Report for the year: . 2023 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					FILED	STA
			APR 06 2023 BY 344			
1. Entity ID Number 114110	2. Exact name of the Corporation CUSTOM METAL FABRICATION, INC.					
3. Principal Office Address 248 TORONTO AVENUE			PROVIDE	NCE	State RI	^{Z_{ip}} 02906
4. NAICS Code 332900 5. State of Incorporation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island DESIGN, FABRICATION AND WELDING					
7. List ALL officers (names and addresses) President Name PHILIP M ENGISH			Check the box to indicate an attachment Vice-President Name PHILIP M ENGISH			
Street Address 248 TORONTO AVENUE			Street Address 248 TORONTO AVENUE			
City PROVIDENCE	State RI	^{Zip} 02906	City PROVIDENCE		State RI	^{Zip} 02906
Secretary Name PHILIP M ENGISH			Treasurer Name PHILIP M ENGISH			
Street Address 248 TORONTO AVENUE			Street Address 248 TORONTO AVENUE			
City PROVIDENCE	State RI	^{Žip} 02906	City PROVIDENCE		State RI Zip 02906	
B. List ALL directors (names and addresses)			Check t	he box to in	dicate an attachment 🔲	
PHILIP M ENGI			Director Name			
Street Address 248 TORONTO AVENUE			Street Address			
PROVIDENCE	State RI	^{Zip} 02906	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Shares Authorized		10. Shares Issu			neck the box to indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		COMMON 1		NO PAR
11. This report must be executed or trustee, this report must be execute					ation is in th	ne hands of a receiver or
Under penalty of perjury, I declar statements, and that all statemer	re and affirm that	t I have examine	ed this report, in	cluding any accomp	 -	hedules and
Name of Authorized Representative PHILIP M ENGISH					Date / 4/	3/23
Signature of Authorized Represent	ative -			 	<u> </u>	<u> </u>

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov