



State of Rhode Island

## Department of State - Business 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 577

APR 06 2023

BY

1344

1. Entity ID Number 114110		2. Exact name of the Corporation CUSTOM METAL FABRICATION, INC.			
3. Principal Office Address 248 TORONTO AVENUE		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 332900		6. Brief description of the character of business conducted in Rhode Island DESIGN, FABRICATION AND WELDING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name PHILIP M ENGLISH			Vice-President Name PHILIP M ENGLISH		
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 ENGLISH			Treasurer Name PHILIP M ENGLISH		
Street Address 248 TORONTO AVENUE			Street Address 248 TORONTO AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name PHILIP M ENGLISH			Director Name		
Street Address 248 TORONTO AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	COMMON	NO PAR
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. <b>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.</b>					
Name of Authorized Representative PHILIP M ENGLISH					Date 4/3/23
Signature of Authorized Representative 					

## 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: 11/2021