RI SOS Filing Number: 202335105670 Date: 5/1/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 01 2023
BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
89077	CUSTOM FIBERGLASS, INC.		
3. Principal Office Address	City	State	Zip
132 BLISS ROAD	NEWPORT	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
339999	TO MANUFACTURE AND DESIGN FIBERGLASS AND/OR PLASTIC PRODUCTS		
5. State of Incorporation			
RHODE ISLAND			

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

President Name	Street Address	City	State	Zip
GREGORY YOUNCE	132 BLISS ROAD	NEWPORT	RI	02840

Vice-President Name	Street Address	City	State	Zip
DEBORAH YOUNCE	132 BLISS ROAD	NEWPORT	RI	02840

Secretary Name	Street Address	City	State	Zip
GREGORY YOUNCE	132 BLISS ROAD	NEWPORT	RI	02840

Treasurer Name	Street Address	City	State	Zip
GREGORY YOUNCE	132 BLISS ROAD	NEWPORT	RI	02840

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

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

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
200	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.

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
GREGORY YOUNCE, PRESIDENT	4/27/23

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