



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

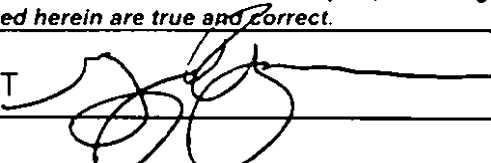
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 01 2023
BY 106
BY 106

1. Entity ID Number 89077		2. Exact name of the Corporation CUSTOM FIBERGLASS, INC.												
3. Principal Office Address 132 BLISS ROAD		City NEWPORT		State RI	Zip 02840									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island 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 GREGORY YOUNCE			Vice-President Name DEBORAH YOUNCE											
Street Address 132 BLISS ROAD			Street Address 132 BLISS ROAD											
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840									
Secretary Name GREGORY YOUNCE			Treasurer Name GREGORY YOUNCE											
Street Address 132 BLISS ROAD			Street Address 132 BLISS ROAD											
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NO PAR			
		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 GREGORY YOUNCE, PRESIDENT				Date 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