



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 31 2024
BY *[Signature]*
FILESTAMP
JAN 31 2024

Annual Report for the year: 2024
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 1683246		2. Exact name of the Corporation AMARAL CUSTOM FABRICATIONS, INC.			
3. Principal Office Address 310 Bourne Avenue, Bldg. 50		City East Providence		State RI	Zip 02916
4. NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island Art fabrication, design and production				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul T. Amaral			Vice-President Name None		
Street Address 310 Bourne Avenue, Bldg. 50			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
Secretary Name Paul T. Amaral			Treasurer Name Paul T. Amaral		
Street Address 310 Bourne Avenue, Bldg. 50			Street Address 310 Bourne Avenue, Bldg. 50		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul T. Amaral			Director Name None		
Street Address 310 Bourne Avenue, Bldg. 50			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common	No Par Value	
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. <i>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.</i>					
Name of Authorized Representative Paul T. Amaral				Date 1/11/24	
Signature of Authorized Representative <i>[Signature]</i>					