



State of Rhode Island
Department of State - Business Services Division

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.

FILED
FEB 05 2024
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1. Entity ID Number 000086157		2. Exact name of the Corporation CUSTOM IRON WORKS, INC.			
3. Principal Office Address 1600 Flat River Road			City Coventry	State RI	Zip 02816
4. NAICS Code 331110		6. Brief description of the character of business conducted in Rhode Island Metal Fabrication and construction business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacqueline J. Grace			Vice-President Name Brian P. Grace		
Street Address 1901 Flat River Road			Street Address 1901 Flat River Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Brian P. Grace			Treasurer Name Jacqueline J. Grace		
Street Address 1901 Flat River Road			Street Address 1901 Flat River Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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		
			C. ASSSESSES PAR VALUE		
			8000	STK	\$1.00
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 Jacqueline J. Grace					Date 2/1/24
Signature of Authorized Representative 					