



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation \_\_\_\_\_

**FILED**

**MAY 04 2024**

BY AJO  
DS

- 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 <b>000089077</b>	2. Exact name of the Corporation <b>Custom Fiberglass, Inc.</b>
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3 Principal Office Address <b>132 Bliss Road</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
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4 NAICS Code <b>339999</b>	6 Brief description of the character of business conducted in Rhode Island <b>To manufacture and design fiberglass and/or plastic products</b>
5. State of Incorporation <b>Rhode Island</b>	

7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gregory Younce</b>			Vice-President Name <b>Deborah Younce</b>		
Street Address <b>132 Bliss Road</b>			Street Address <b>132 Bliss Road</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Gregory Younce</b>			Treasurer Name <b>Gregory Younce</b>		
Street Address <b>132 Bliss Road</b>			Street Address <b>132 Bliss Road</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10 Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
	<b>200</b>	<b>Common</b>	<b>No Par</b>

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 <b>Gregory Younce</b>	Date <b>4/29/24</b>
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Signature of Authorized Representative

MAIL TO:  
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Website: www.sos.ri.gov