



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

MAY 04 2024

BY ASO

DS

1 Entity ID Number 000089077		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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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.			10 Shares Issued		
			<div>NUMBER OF SHARESCLASS/STYPESPAR VALUE</div>		
			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					Date 4/29/24
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