



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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
MAR 04 2025
BY 3117

1. Entity ID Number 001680327		2. Exact name of the Corporation CUSTOM-TEK, INC.	
3. Principal Office Address 789 State Road		City North Dartmouth	State MA
		Zip 02747	
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island Construction Services		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph S. Luiz IV		Vice-President Name Joseph S. Luiz IV	
Street Address 357 Chase Road		Street Address 357 Chase Road	
City Dartmouth	State MA	City Dartmouth	State MA
Zip 02747		Zip 02747	
Secretary Name Joan Goulart		Treasurer Name Joseph S. Luiz IV	
Street Address 421 Old Westport Road		Street Address 357 Chase Road	
City Dartmouth	State MA	City Dartmouth	State MA
Zip 02747		Zip 02747	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph S. Luiz IV		Director Name Joan Goulart	
Street Address 357 Chase Road		Street Address 421 Old Westport Road	
City Dartmouth	State MA	City Dartmouth	State MA
Zip 02747		Zip 02747	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		10,000	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 Joseph S. Luiz IV			Date 2-28-2025
Signature of Authorized Representative 			

MAIL TO:
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