



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

JUL 07 2025

BY

RECEIVED

STATE OF RHODE ISLAND

1 Entity ID Number 000089077		2 Exact name of the Corporation CUSTOM FIBERGLASS, INC. 2025 JUL -7 P 3:02	
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	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name Gregory Younce		Treasurer Name Gregory Younce	
Street Address 132 Bliss Road		Street Address 132 Bliss Road	
City Newport	State RI	City Newport	State RI
Zip 02840		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	City	State
Zip		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		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 5/1/25
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