



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

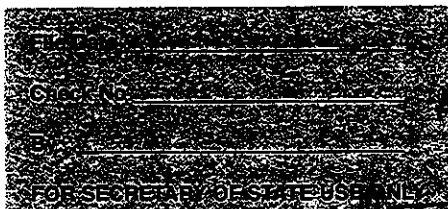
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 794646		2. Exact name of the Corporation AMARAL CUSTOM FABRICATIONS, INC.			
3. Principal office address 123 COUNTY ROAD			City SEEKONK	State MA	Zip 02771
4. Business Phone No. (508) 336-6681		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island ART FABRICATION, DESIGN AND PRODUCTION					
7. STATE OFFICERS' NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name PAUL T. AMARAL			Vice-President Name NONE		
Street Address 123 COUNTY ROAD			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name PAUL T. AMARAL			Treasurer Name PAUL T. AMARAL		
Street Address 123 COUNTY ROAD			Street Address 123 COUNTY ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. STATE DIRECTORS' NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name PAUL T. AMARAL			Director Name NONE		
Street Address 123 COUNTY ROAD			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	NO PAR VALUE

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.



FILED
 AUG 22 2016
 23590

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.

Paul T. Amaral
 Signature of Authorized Representative Date
PAUL T. AMARAL, President
 Print or Type Name of Authorized Representative