



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Art fabrication, design and production.			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an 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. List ALL directors (names and addresses) Check the box to indicate an 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 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.			NUMBER OF SHARES		PAR VALUE
			1000	Common	No Par Value
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 Paul T. Amaral, President			Date 3/13/17		
Signature of Authorized Representative <i>[Handwritten Signature]</i>			Date MAR 16 2017		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAR 16 2017
 2184
 [Handwritten initials]