



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

**FILED** *00*

**Annual Report for the year: 2018**  
**Corporation**

FEB 06 2018

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

BY 2547

1. Entity ID Number <b>794646</b>		2. Exact name of the Corporation <b>AMARAL CUSTOM FABRICATIONS, INC.</b>			
3. Principal Office Address <b>123 COUNTY ROAD STREET</b>		City <b>SEEKONK</b>		State <b>MA</b>	Zip <b>02771</b>
4. NAICS Code <b>238390</b>		6. Brief description of the character of business conducted in Rhode Island <b>ART FABRICATION, DESIGN AND PRODUCTION</b>			
5. State of Incorporation <b>MASSACHUSETTS</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PAUL T. AMARAL</b>			Vice-President Name <b>NONE</b>		
Street Address <b>123 COUNTY ROAD STREET</b>			Street Address		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>PAUL T. AMARAL</b>			Treasurer Name <b>PAUL T. AMARAL</b>		
Street Address <b>123 COUNTY ROAD STREET</b>			Street Address <b>123 COUNTY ROAD STREET</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PAUL T. AMARAL</b>			Director Name <b>None</b>		
Street Address <b>123 COUNTY ROAD STREET</b>			Street Address		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>		<b>COMMON</b>	<b>NO PAR VALUE</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>PAUL T. AMARAL</b>					Date <b>1/17/18</b>
Signature of Authorized Representative 			SIGN DOCUMENT HERE		