



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 11412		2. Name of Corporation GMT Composites, Inc.			
3. Street Address Principal Business Office 48 BALLOU BOULEVARD			City BRISTOL	State RI	Zip 02809
4. Business Phone No. 401-253-8802		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER OF COMPOSITE BOAT PARTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Schwartz			Vice President Name		
Street Address 48 Ballou Boulevard			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name David Schwartz		
Street Address 38 Bellevue Avenue, Suite H			Street Address 48 Ballou Boulevard		
City Newport	State RI	Zip 02840	City Bristol	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Schwartz			Director Name		
Street Address 48 Ballou Boulevard			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			200	Cls A Tot Com	No Par
			192	Cls B Non Tot	No Par

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.

File Date	FILED
Check No.	MAR 24 2008
By:	By: [Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

Signature

Date

David Schwartz

Print or Type Name

President

Title