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 2014

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.	2. Exact name of the Corporation
000103553	Composite Solutions, Inc.

3. Principal office address	City	State	Zip
8501 N. Scottsdale Road, Gainey Center II, Suite 280	Scottsdale	AZ	85253-2759

4. Business Phone No.	5. State of Incorporation
480-305-8923	Delaware

6. Brief description of the character of business conducted in Rhode Island
The Manufacture, Sale and Distribution of Composite Products of All Kinds and Descriptions

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Steven Lockard			Vice-President Name: Wayne G. Monie (Title is Chief Operating Officer)		
Street Address: 8501 N. Scottsdale Rd. Gainey Center II, Suite 280			Street Address: 8501 N. Scottsdale Rd. Gainey Center II, Suite 280		
City: Scottsdale	State: AZ	Zip: 85253-2759	City: Scottsdale	State: AZ	Zip: 85253-2759
Secretary Name: William E. Siwek			Treasurer Name: William E. Siwek (Title is Chief Financial Officer)		
Street Address: 8501 N. Scottsdale Rd. Gainey Center II, Suite 280			Street Address: 8501 N. Scottsdale Rd. Gainey Center II, Suite 280		
City: Scottsdale	State: AZ	Zip: 85253-2759	City: Scottsdale	State: AZ	Zip: 85253-2759

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Steven Lockard			Director Name: Wayne G. Monie		
Street Address: 8501 N. Scottsdale Rd. Gainey Center II, Suite 280			Street Address: 8501 N. Scottsdale Rd. Gainey Center II, Suite 280		
City: Scottsdale	State: AZ	Zip: 85253-2759	City: Scottsdale	State: AZ	Zip: 85253-2759
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20,000 Authorized	CWP	$0.0010
10,375 Issu/Outs.		

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 16 2014
By 228567

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 of Authorized Representative — Date: 7/15/14

William E. Siwek
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

A.A.