



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 2015

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. 85315		2. Exact name of the Corporation International Marine Composites, Inc.			
3. Principal office address 47 Gooding Avenue			City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 254-4322		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Manufacture and repair boats					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jorge Borges			Vice-President Name Jorge Borges		
Street Address 63 Windsor Court			Street Address 63 Windsor Court		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Jorge Borges			Treasurer Name Jorge Borges		
Street Address 63 Windsor Court			Street Address 63 Windsor Court		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jorge Borges			Director Name NONE		
Street Address 63 Windsor Court			Street Address		
City Swansea	State MA	Zip 02777	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
			500	Common	\$0.10 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.

File Date _____
 Check No _____
 By: _____

FILED

FEB 04 2015

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.

Jorge Borges 1-23-15
 Signature of Authorized Representative Date

Jorge Borges, President

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

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