



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. <b>000103553</b>		2. Exact name of the Corporation <b>COMPOSITE SOLUTIONS, INC.</b>			
3. Principal office address <b>8501 N. Scottsdale Road, Gainey Center II, Suite 280</b>			City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85253-2759</b>
4. Business Phone No. <b>480-305-8923</b>		5. State of Incorporation <b>Delaware</b>			
6. Brief description of the character of business conducted in Rhode Island <b>The manufacture, sale and distribution of composite products of all kinds and descriptions.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Steven Lockard</b>			Vice-President Name <b>Wayne G. Monie (Title is Chief Operating Officer)</b>		
Street Address <b>8501 N. Scottsdale Road, Gainey Center II, Suite 280</b>			Street Address <b>8501 N. Scottsdale Road, Gainey Center II, Suite 280</b>		
City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85253-2759</b>	City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85253-2759</b>
Secretary Name <b>William E. Siwek</b>			Treasurer Name <b>William E. Siwek (Title is Chief Financial Officer)</b>		
Street Address <b>8501 N. Scottsdale Road, Gainey Center II, Suite 280</b>			Street Address <b>8501 N. Scottsdale Road, Gainey Center II, Suite 280</b>		
City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85253-2759</b>	City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85253-2759</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Steven Lockard</b>			Director Name <b>Wayne G. Monie</b>		
Street Address <b>8501 N. Scottsdale Road, Gainey Center II, Suite 280</b>			Street Address <b>8501 N. Scottsdale Road, Gainey Center II, Suite 280</b>		
City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85253-2759</b>	City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85253-2759</b>
Director Name			Director Name		
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
			20,000 authorized	CWP	\$0.001000
			10,375 issued/outs	CWP	\$0.001000

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

By: **Matthew Gage**

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

**FILED**

OCT 21 2015

By **258981**

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

Print or Type Name of Authorized Representative

*10/21/15*