



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

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: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 000103553		2. Exact name of the Corporation Composite Solutions, Inc.	
3. Principal Office Address 8501 North Scottsdale Road, Suite 100		City Scottsdale	State AZ
		Zip 85253	
4. Business Phone Number 480-305-8923		5. State of Incorporation 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) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Steven C. Lockard - CEO/President		Vice-President Name Mark McFeely - COO	
Street Address 8501 North Scottsdale Road, Suite 100		Street Address 8501 North Scottsdale Road, Suite 100	
City Scottsdale	State AZ	City Scottsdale	State AZ
Zip 85253		Zip 85253	
Secretary Name Steven Fishbach - GC/Secretary		Treasurer Name William Siwek - CFO/Treasurer	
Street Address 8501 North Scottsdale Road, Suite 100		Street Address 8501 North Scottsdale Road, Suite 100	
City Scottsdale	State AZ	City Scottsdale	State AZ
Zip 85253		Zip 85253	
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment			
Director Name Steven C. Lockard		Director Name Mark McFeely	
Street Address 8501 North Scottsdale Road, Suite 100		Street Address 8501 North Scottsdale Road, Suite 100	
City Scottsdale	State AZ	City Scottsdale	State AZ
Zip 85253		Zip 85253	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		20,000-authorize	CWP
		10375issued-out	CWP
		PAR VALUE	
		0.001000	0.001000
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. <i>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.</i>			
Name of Authorized Representative Steven Fishbach		Date 4/13/2016	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

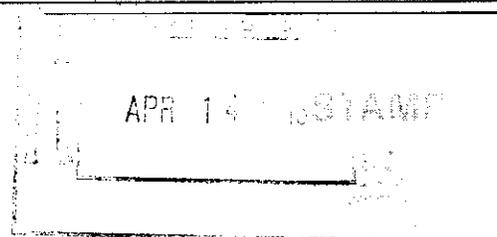
APR 19 2016

BY 130004204

13-600-656900

2016 APR 19 AM 9:42

RECEIVED
CORPORATIONS DIV
DEPARTMENT OF STATE
Form No. 830
Revised: 2016



State of Rhode Island
Department of State – Business Services Division
Attachment – Directors

Name	Street Address	City	State	Zip
William Siwek	8501 North Scottsdale Road, Suite 100	Scottsdale	AZ	85253