



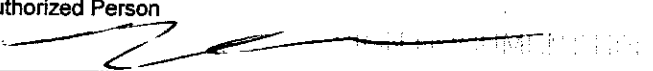
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 697852		2. Exact name of the Limited Liability Company OL Composites, LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island MANUFACTURING/FIBERGLASS	
5. Principal Office Address 55 Ballou Blvd		City Bristol	State CA
		Zip 02809	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Shonda Whipple Fiore		Contact Title President	
Street Address 3292 N Weber Ave		City Fresno	State CA
		Zip 93722	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Check the box to indicate an attachment <input type="checkbox"/>			
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.			
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.			
Name of Authorized Person Gary Wolfe, CPA			Date 04/08/2016
Signature of Authorized Person 			

FILED

APR 27 2016

BY **LOLLDS**