

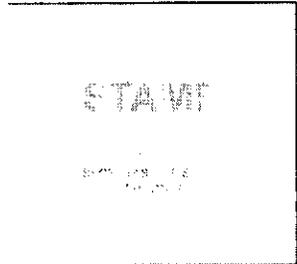


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.



1. Entity ID Number 000933113		2. Exact name of the Corporation Moore Brothers Composites, Inc.			
3. Principal Office Address 91A Seymour Street			City Warren	State RI	Zip 02885
4. Business Phone Number 508-728-7666			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Custom composite design and fabrication.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Samuel Harris Moore			Vice-President Name Oliver John Moore		
Street Address 91A Seymour Street			Street Address 91A Seymour Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name As Above			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	STK	.0100
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. 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 Representative <i>Samuel H. Moore</i>					Date 7-19-16
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 21 2016
 BY KLISG