



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

Annual Report for the year: 2017

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 000071046		2. Exact name of the Corporation TPI, Inc.	
3. Principal Office Address 8501 N. Scottsdale Road, Suite 100		City Scottsdale	State AZ
		Zip 85253-2759	
4. NAICS Code	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.		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Steven C. Lockard, President & CEO		Vice-President Name Mark McFeely, COO	
Street Address 8501 N. Scottsdale Road, Suite 100		Street Address 8501 N. Scottsdale Road, Suite 100	
City Scottsdale	State AZ	Zip 85253	City Scottsdale
			State AZ
			Zip 85253
Secretary Name Steve Fishbach, General Counsel & Secretary		Treasurer Name William Siwek, CFO & Treasurer	
Street Address 8501 N. Scottsdale Road, Suite 100		Street Address 8501 N. Scottsdale Road, Suite 100	
City Scottsdale	State AZ	Zip 85253	City Scottsdale
			State AZ
			Zip 85253
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Steven C. Lockard		Director Name Mark McFeely	
Street Address 8501 N. Scottsdale Road, Suite 100		Street Address 8501 N. Scottsdale Road, Suite 100	
City Scottsdale	State AZ	Zip 85253	City Scottsdale
			State AZ
			Zip 85253
Director Name William Siwek		Director Name	
Street Address 8501 N. Scottsdale Road, Suite 100		Street Address	
City Scottsdale	State AZ	Zip 85253	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	
		1,000 authorized	CWP
			\$0.10
		900 issued	CWP
			\$0.10
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 Steve Fishbach, General Counsel			Date 12-21-2016
Signature of Authorized Representative 			FILED FEB 13 2017

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

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12.000.800300

FORM 630 - Revised: 10/2016

Income Taxes - State