RI SOS Filing Number: 201857907030 Date: 2/8/2018 4:00:00 PM

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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
85315	International Marine Composites, Inc.

3. Principal Office Address	City	State	Zip
47 Gooding Avenue	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
336612	Manufacture and repair boats
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jorge Borges			Vice-President Name: Jorge Borges		
Street Address: 63 Windsor Court			Street Address: 63 Windsor Court		
City: Swansea	State: MA	Zip: 02777	City: Swansea	State: MA	Zip: 02777
Secretary Name: Jorge Borges			Treasurer Name: Jorge Borges		
Street Address: 63 Windsor Court			Street Address: 63 Windsor Court		
City: Swansea	State: MA	Zip: 02777	City: Swansea	State: MA	Zip: 02777

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Jorge Borges			Director Name: NONE		
Street Address: 63 Windsor Court			Street Address:		
City: Swansea	State: MA	Zip: 02777	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON	$0.10 PAR VALUE

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	Date
Jorge Borges	

Signature of Authorized Representative
X Jorge A Borges

FILED
FEB 08 2018 02
014750

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

FORM 630 - Revised: 10/2017