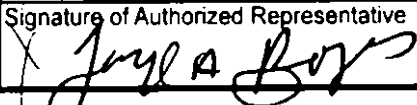




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 85315		2. Exact name of the Corporation International Marine Composites, Inc.			
3. Principal Office Address 47 Gooding Avenue		City Bristol		State RI	Zip 02809
4. NAICS Code 336612		6. Brief description of the character of business conducted in Rhode Island 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		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		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 Jorge Borges					Date
Signature of Authorized Representative 					

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

FEB 08 2018

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