



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 000103553		2. Exact name of the Corporation Composite Solutions, Inc.			
3. Principal Office Address 8501 N. Scottsdale Road, Suite 100		City Scottsdale		State AZ	Zip 85253-2759
4 NAICS Code 235999	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 ☐					
President Name Steven C. Lockard, President & CEO			Vice-President Name Mark McFeely, CEO		
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 ☐					
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 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 Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		20,000 Authorized		CWP	\$0.001000
		10,375 Issued		CWP	\$0.001000
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 & Secretary					Date 1-2-2018
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE FEB 27 2018

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

FORM 630 - Revised: 10/2017