RI SOS Filing Number: 201859284120 Date: 2/28/2018 4:00:00 PM

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

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CORPORATIONS STAMP
2018 FEB 28 AM 8:54

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		
000968649	**Composite Company Inc.**		
3. Principal Office Address: **19 Kendall Avenue**	City: **Sherborn**	State: **MA**	Zip: **01770**
4. NAICS Code: **238190**	6. Brief description of the character of business conducted in Rhode Island: **welding and steel erection**		
5. State of Incorporation: **Massachusetts**			

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

President Name: THERESE C. GEOGHEGAN			Vice-President Name: GARY L. HAWKINS		
Street Address: **19 Kendall Avenue**			Street Address: 19 KENDALL AVE		
City: **Sherborn**	State: **MA**	Zip: **01170**	City: SHERBORN	State: MA	Zip: 01770
Secretary Name: **Therese C. Geoghegan**			Treasurer Name: **Therese C. Geoghegan**		
Street Address: **19 Kendall Avenue**			Street Address: **19 Kendall Avenue**		
City: **Sherborn**	State: **MA**	Zip: **01170**	City: **Sherborn**	State: **MA**	Zip: **01170**

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

Director Name: **Gary L. Hawkins**			Director Name:		
Street Address: **19 Kendall Avenue**			Street Address:		
City: **Sherborn**	State: **MA**	Zip: **01170**	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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	PAR VALUE
100	**Common**	**No 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
THERESE C. GEOGHEGAN	2/23/18

Signature of Authorized Representative: X Therese C Geoghegan — SIGN DOCUMENT HERE

FILED
FEB 28 2018 KM
BY 325422

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