(23)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

Entity ID Number	2. Exact name	2. Exact name of the Corporation					
85315	Internation	International Marine Composites, Inc.					
3. Principal Office Address	<u> </u>	······································	City		State	Zip	
47 Gooding Avenue			Bristol		RI	02809	
4. NAICS Code	6. Brief descri	iption of the charac	cter of business o	conducted in Rhode	Island	· · · · · · · · · · · · · · · · · · ·	
336612	Manufacture	Manufacture and repair boats					
5 State of Incorporation		7					
RI	i						
7. List ALL officers (names a	and addresses)			Check	k the box to in	dicate an attachment _	
President Name Jorge Borge	Vice-President Name Jorge Borges						
Street Address 63 Windsor C	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)	•		Chec	k the box to in	dicate an attachment [
Director Name Jorge Borges	3		Director Name	^e 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 Addres	s		· · ·	
City	State	Zip	City		State	Zip	
). Shares Authorized		10. Shares Is:	sued	Check the box to indicate an attachm		dicate an attachment	
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State.		500		Common		\$0.10 Par Value	
Changes require an additiona	il filing.					-	
11. This report must be exec					oration is in the	ne hands of a receiver o	
trustee, this report must be a Under penalty of perjury, I					mpanying sc	hedules and	
statements, and that all st	atements contained						
Name of Authorized Represe	entative				Date		
Jorges Borges, President		FILE	D				
Signature of Authorized Rep	presentative	SIGNIDO	OCUMENT HERE	FEB 25			

MAIL TO: Division of Business Services MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 015047 ()

FORM 630 - Revised: 10/2017

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