



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS DIV.

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000968649		2. Exact name of the Corporation Composite Company Inc.		2021 MAR -1 A 8:48	
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 <input type="checkbox"/>					
President Name Therese C. Geoghegan			Vice-President Name Gary L. Hawkins		
Street Address 19 Kendall Avenue			Street Address 19 Kendall Avenue		
City Sherborn	State MA	Zip 01170	City Sherborn	State MA	Zip 01170
Secretary Name Gary L. Hawkins			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 <input type="checkbox"/>					
Director Name Gary L. Hawkins			Director 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
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		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 Gary L. Hawkins					Date 2/9/21
Signature of Authorized Representative <i>X Gary L. Hawkins</i>			SIGN DOCUMENT HERE FILED ✓		

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

MAR 01 2021
BY *CMC3XC*
8:48