



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RHODES 1:50  
24 APR 17 PM 2:28:14

1. Entity ID Number 000968649		2. Exact name of the Corporation Composite Company Inc.			
3. Principal Office Address 19 Kendall Avenue			City Sherburn	State MA	Zip 01770
3. NAICS Code 238190		4. Brief description of the character of business conducted in Rhode Island Welding & Steel Erection			
5. State of Incorporation MA					
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 Sherburn	State MA	Zip 01770	City Sherburn	State MA	Zip 01770
Secretary Name Gary L. Hawkins			Treasurer Name Therese C. Geoghegan		
Street Address 19 Kendall Avenue			Street Address 19 Kendall Avenue		
City Sherburn	State MA	Zip 01770	City Sherburn	State MA	Zip 01770
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				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.					
<b>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.</b>					
Name of Authorized Representative Therese C. Geoghegan					Date 3/11/24
Signature of Authorized Representative 					FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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