RI SOS Filing Number: 202568390180 Date: 3/26/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

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

1. Entity ID Numbe	2. Exact name of the Corporation
000968649	Composite Company Inc.

3. Principal Office Address	City	State	Zip
19 Kendall Avenue	Sherburn	MA	01770

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
238190	Welding & Steel Erection
5. State of Incorporation: MA	

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

President Name	City	State	Zip
Therese C. Geoghegan	Sherburn	MA	01770
Street Address: 19 Kendall Avenue			

Vice-President Name	City	State	Zip
Gary L. Hawkins	Sherburn	MA	01770
Street Address: 19 Kendall Avenue			

Secretary Name	City	State	Zip
Gary L. Hawkins	Sherburn	MA	01770
Street Address: 19 Kendall Avenue			

Treasurer Name	City	State	Zip
Therese C. Geoghegan	Sherburn	MA	01770
Street Address: 19 Kendall Avenue			

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

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	no par value
Changes require an additional filing.			

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	2/25/25

Signature of Authorized Representative

FILED
MAR 26 2025
BY SUSY

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. 12/2023