RI SOS Filing Number: 202570398190 Date: 4/11/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 11 2025 [illegible]
BY 16914

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 Number	2. Exact name of the Corporation		
85315	International Marine Composites, Inc.		
3. Principal Office Address	City	State	Zip
47 Gooding Avenue	Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
336612	Manufacture and repair boats		
5. State of Incorporation			
RI			

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

President Name: Jorge Borges			Vice-President Name: David Borges		
Street Address: 63 Winsor Court			Street Address: 63 Winsor Court		
City: Swansea	State: MA	Zip: 02777	City: Swansea	State: MA	Zip: 02777
Secretary Name: David Borges			Treasurer Name: Jorge Borges		
Street Address: 63 Winsor Court			Street Address: 63 Winsor Court		
City: Swansea	State: MA	Zip: 02777	City: Swansea	State: MA	Zip: 02777

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

Director Name: Jorge Borges			Director Name: None		
Street Address: 63 Winsor Court			Street Address:		
City: Swansea	State: MA	Zip: 02777	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	Common	$0.10 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
Jorge Borges	4/3/25

Signature of Authorized Representative

X Jorge H. Borges

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: 11/2021