

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215515443
------------------	-----------------------------------------------------------------------------------------	-----------

1.) CORPORATION NAME: ABCO Composite Services, Inc.	DUE DATE: 4/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1787896				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10
CLASS	AUTHORIZED				
COMMON	10				
4.) STATE OR COUNTRY OF INCORPORATION: DE					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 740 MAIN ST NS B0J 2E0 CITY/ST/ZIP: MAHONE BAY, Canada	
----------------------------------------------------------------------------------------------------------------	--

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT HAWKINS TITLE: PRESIDENT ADDRESS: 283 NOTTINGHAM ST CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: DARREN STILLMAN TITLE: SECRETARY ADDRESS: 10 ST. MARGARET'S BAY RD CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: ALY MAWJI TITLE: DIRECTOR ADDRESS: 6410 CHEBUCTO ROAD CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------	--

NAME: JAMES MCINNIS TITLE: DIRECTOR ADDRESS: 11 CHERRY POST CRESCENT CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DARREN STILLMAN	DARREN STILLMAN, SECRETARY	4/22/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.