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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
255422	WESTPRO COMMUNICATIONS, INC.			
3. Street Address Principal Business Office		City	State	Zip
116 High Street		Westerly	RI	02891
4. Business Phone No.	5. State of Incorporation			
401-348-0240	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
engaged in compliance, inspection and review of cellular communication towers throughout the United States

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
John Proia	77A Quannacut Road	Westerly	RI	02891

Vice President Name	Street Address	City	State	Zip
Paul Proia	77A Quannacut Road	Westerly	RI	02891

Secretary Name	Street Address	City	State	Zip
John Proia	77A Quannacut Road	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Matthew West	116 High Street	Westerly	RI	02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Matthew West	116 High Street	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
John Proia	77A Quannacut Road	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Paul Proia	77A Quannacut Road	Westerly	RI	02891

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	common	no par value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	no par

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.

[redacted] [redacted]

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.

John Proia 1/28/08
Signature *Date*

John Proia
Print or Type Name

[redacted] President
Title

FILED
File Date JAN 29 2008
Check No. By 1030
By:
FOR SECRETARY OF STATE USE ONLY

19541-14-221221

Form 630 Rev. 12/06