



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) 222-3090

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**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. 76272		2. Name of Corporation W.R.S., INC.			
3. Street Address Principal Business Office 1504 Providence Highway			City Norwood	State MA	Zip 02062
4. Business Phone No. Unknown		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General Contracting, Specializing in Industrial					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter E. Flynn			Vice President Name Peter E. Flynn		
Street Address 59 Old North Trail			Street Address 59 Old North Trail		
City Mansfield	State MA	Zip 02048	City Mansfield	State MA	Zip 02048
Secretary Name Peter E. Flynn			Treasurer Name Peter E. Flynn		
Street Address 59 Old North Trail			Street Address 59 Old North Trail		
City Mansfield	State MA	Zip 02048	City Mansfield	State MA	Zip 02048
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter E. Flynn			Director Name		
Street Address 59 Old North Trail			Street Address		
City Mansfield	State MA	Zip 02048	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			100	Common	No Par Value

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.

File Date	2-4-09
Check No.	11061
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Peter E. Flynn  
Date: 1/16/2009  
Print or Type Name: Peter E. Flynn  
Title: President