



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 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. 25941		2. Name of Corporation WESTERN MASS. BLASTING CORP.			
3. Street Address Principal Business Office P.O. BOX 488			City HOPE VALLEY	State R.I.	Zip 02832
4. Business Phone No. (401) 377-1000		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island DRILLING & BLASTING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN A. GILMAN			Vice President Name JAMES L. SILVA		
Street Address BOX 488			Street Address 13 JENKS ROAD		
City HOPE VALLEY	State R.I.	Zip 02832	City FOSTER	State R.I.	Zip 02825
Secretary Name ROLAND NORMANDIN			Treasurer Name JOHN A. GILMAN		
Street Address P.O. BOX 253			Street Address P.O. BOX 488		
City NORTH OXFORD	State MA	Zip 01537	City HOPE VALLEY	State R.I.	Zip 02832
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN A. GILMAN			Director Name		
Street Address BOX 488			Street Address		
City HOPE VALLEY	State R.I.	Zip 02832	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
7,500	COMMON	NO PAR VALUE	200	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.

File Date **FILED**  
Check No. **FEB 24 2009**  
By: **6549**  
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 **John A. Gilman** Date **2-23-09**  
Print or Type Name **JOHN A. GILMAN**  
Title **TREASURER**