

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.

2009

. Corporate ID No. 33825		2. Name of Corporation LaFramboise Well Drilling, Inc.				
3. Street Address Principal Business Office PO Box 303, 647 Thompson Road			City Thompson	State CT	7.φ 06277	
1. Business Phone No. 5. State of Incorporation Connecticut						
Commercial and resid	_					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Paul F. LaFramboise			CHMENT) [FILL IN Vice President Name Fred W. Kolling, III		ATTACHMENTS	
Street Address PO Box 303, 647 Thompson Road			Street Address PO Box 303, 647 Thompson Road			
Thomspon	State CT	^{Zip} 02677	City Thompson	State CT	^{Zip} 02677	
peretury Name Paul F. LaFramboise			Treasurer Name Paul F. LaFramboise			
Street Address PO Box 303, 647 Thompson Road			Street Address PO Box 303, 647 Thompson Road			
лу Гhompson	State CT	^{Zip} 02677	City Thompson	State CT	^{Zip} 02677	
. NAMES AND ADDE Director Name Paul F. LaFrambois		CTORS: ("X" BOX FOR ATI	ACHMENT) FILL Director Name	IN SPACES BEFORE USIN	G ATTACHMENT	
treet Address PO Box 303, 647 T			Street Address			
Thompson	State CT	2ip 02677	City:	State	Zip	
Virector Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name			
Street Address			Street Address			
My	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
The fact of the same in the same	amountly of record in the	ha Office of the Secretary of	Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			510	Common	\$100.00	
State. Changes requi					1	

	including any accontained figures
File Date FILED	May
Check MAR 3 0 2009	Bighaiure / FRED
1 6/9//	Print or Type Na
FOR SECRETARY OF STATE USE ONLY	
FOR SECRETARY OF STATE COLUMN	Title

Under penalty of perjury, I declare and affirm that I have examined this report, ccompanying schedules and statements, and that all statements are true and correct. Date Form 630 Rev. 08/08