

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual subject to a penalty fee of \$25.00.	al report within thirty (30) days after t	he time prescribed by law (R.I.C	i.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 2. Name of Corporation			
46006 A BURST, Inc.			
3. Street Address Principal Business Office 703 Metacom Aulrul	CHY BRISTOL	State RI	02809_
4. Business Phone No. 253 – 9696 State of Incorporation RHDE I	ISLANO		
6. Brief Description of the Character of Business Conducted in Rhode Island TO BLAST, EXCAULTE, CONSTRUCT, AND HO	10 Peal Estate		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	THMENT) 🔲 FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name	Vice President Name		
EVEREH FRANCIS	CHRISTOPHER	Francis	
Street Address	Street Address	/ ·	
115 Tupelo Street	115 Tupelo		
BRISTOL State RI ZUP 02809	BUSTOL	State RI	^{zip} 02809
Secretary Name PATRICIA M FRANCIS	Treasurer Name THERESH FRANCIS		
Street Address 102 Kickemui + AVE.	Street Address 115 TUPELO STRUET		
City BRISTOL State RI Zip 02809	Cuy BRISTOL	State RI	⁷⁴ 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN SPAC	ES BEFORE USING AT	FACHMENTS
Director Name EVERETT FRANCIS	CHRISTOPHER FRANCIS		
Street Address 115 TUPELO STREET	Street Address 115 TUPET	o street	
City BRISTOL State RI 25P 0Z809	CHY BRISTOL	State RI	^{zip} 02809
Director Name Kevin Francis	TheresA FRANCIS		
Street Address 115 TUPELO STREET	Street Address 115 Tupellu Street		
City BRISTOL State RI 711 02809	BRISTUL	Sinc RI	02809
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	1330ED SPIAKES — THIS SECTION		
This information is currently of record in the 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.			
State. Changes require an additional filing. See Section 9 of	Number of Shares	Class/Series COMMON STACK COMM	NO PAR PAR VAIVE

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File Date	EED O. C. OO44	
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By BY_	14/0	
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 state	ements
contained herein are true and correct.	
Must force Date	/
Signature Date	
EVERETT FRANCIS	
Print or Type Name	
PRES.	
Title Form 630 Rev. 08	R/N8