



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 2014

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 PO 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 JEFFREY J. GILMAN		Vice President Name JAMES L SILVA		
Street Address 12 EVANS LANE		Street Address 13 JENKS ROAD		
City HOPE VALLEY	State R.I.	Zip 02832	City FOSTER	State R.I.
Secretary Name RICHARD O. LESSARD, ESQ		Treasurer Name JOHN A. GILMAN		
Street Address 2111 STEARNS HILL ROAD, APT.11		Street Address 176 ARCADIA ROAD		
City WALTHAM	State MA.	Zip 02451	City HOPE VALLEY	State R.I.
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 176 ARCADIA ROAD		Street Address		
City HOPE VALLEY	State R.I.	Zip 02832	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
7,500	COMMON	NO PAR VALUE	200	COMMON

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.

FILED

JAN 08 2014

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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: 1-7-14

JOHN A. GILMAN

Print or Type Name

TREASURER

Title

File Date _____	BY _____
Check No. _____	
By: _____	
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