



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

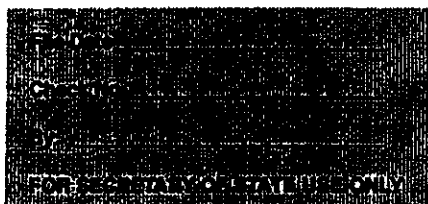
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 849819		2. Exact name of the Corporation CENTRAL MASS CONTRACTING CORP.			
3. Principal office address 54 OTIS STREET		City WESTBOROUGH	State MA	Zip 01581	
4. Business Phone No. 508-393-8666		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island REMODELING CONTRACTOR					
USUAL OFFICE ADDRESS (DO NOT ATTACHMENT) ☐					
President Name SCOTT M. AYRES			Vice-President Name		
Street Address 15 LAMPLIGHTER DRIVE			Street Address		
City SHREWSBURY	State MA	Zip 01545	City	State	Zip
Secretary Name SCOTT M. AYRES			Treasurer Name SCOTT M. AYRES		
Street Address 15 LAMPLIGHTER DRIVE			Street Address 15 LAMPLIGHTER DRIVE		
City SHREWSBURY	State MA	Zip 01545	City SHREWSBURY	State MA	Zip 01545
MULTIPLE DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ☐					
10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐					
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100				0	

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

JUN 30 2014

BY 7952

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.

Scott M. Ayres
Signature of Authorized Representative Date

SCOTT M. AYRES 6-12-14
Print or Type Name of Authorized Representative