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.	2. Exact name of the Corporation
849819	CENTRAL MASS CONTRACTING CORP.

3. Principal office address	City	State	Zip
54 OTIS STREET	WESTBOROUGH	MA	01581

4. Business Phone No.	5. State of Incorporation
508-393-8666	MASSACHUSETTS

6. Brief description of the character of business conducted in Rhode Island
REMODELING CONTRACTOR

7. LIST ALL OFFICERS NAMES AND ADDRESSES (X BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
SCOTT M. AYRES	
Street Address	**Street Address**
15 LAMPLIGHTER DRIVE	
City / State / Zip	City / State / Zip
SHREWSBURY / MA / 01545	
Secretary Name	**Treasurer Name**
SCOTT M. AYRES	SCOTT M. AYRES
Street Address	**Street Address**
15 LAMPLIGHTER DRIVE	15 LAMPLIGHTER DRIVE
City / State / Zip	City / State / Zip
SHREWSBURY / MA / 01545	SHREWSBURY / MA / 01545

8. LIST ALL 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.

FOR CENTRAL FILING STATE USE ONLY

FILED
JUN 30 2014
BY 952

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 of Authorized Representative — Date

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

Form No. 630
Revised: 01/2012