



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

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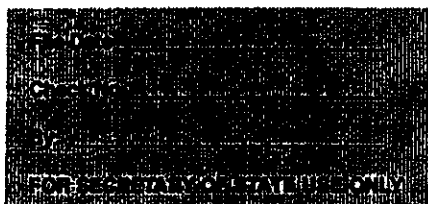
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

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.<br><b>849819</b>                                                                                                                          |                    | 2. Exact name of the Corporation<br><b>CENTRAL MASS CONTRACTING CORP.</b> |                                               |                     |                       |
| 3. Principal office address<br><b>54 OTIS STREET</b>                                                                                                       |                    | City<br><b>WESTBOROUGH</b>                                                | State<br><b>MA</b>                            | Zip<br><b>01581</b> |                       |
| 4. Business Phone No.<br><b>508-393-8666</b>                                                                                                               |                    | 5. State of Incorporation<br><b>MASSACHUSETTS</b>                         |                                               |                     |                       |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>REMODELING CONTRACTOR</b>                                                |                    |                                                                           |                                               |                     |                       |
| <b>USUAL OFFICE ADDRESS (DO NOT CHECK IF BOXED FOR ATTACHMENT)</b> <input type="checkbox"/>                                                                |                    |                                                                           |                                               |                     |                       |
| President Name<br><b>SCOTT M. AYRES</b>                                                                                                                    |                    |                                                                           | Vice-President Name                           |                     |                       |
| Street Address<br><b>15 LAMPLIGHTER DRIVE</b>                                                                                                              |                    |                                                                           | Street Address                                |                     |                       |
| City<br><b>SHREWSBURY</b>                                                                                                                                  | State<br><b>MA</b> | Zip<br><b>01545</b>                                                       | City                                          | State               | Zip                   |
| Secretary Name<br><b>SCOTT M. AYRES</b>                                                                                                                    |                    |                                                                           | Treasurer Name<br><b>SCOTT M. AYRES</b>       |                     |                       |
| Street Address<br><b>15 LAMPLIGHTER DRIVE</b>                                                                                                              |                    |                                                                           | Street Address<br><b>15 LAMPLIGHTER DRIVE</b> |                     |                       |
| City<br><b>SHREWSBURY</b>                                                                                                                                  | State<br><b>MA</b> | Zip<br><b>01545</b>                                                       | City<br><b>SHREWSBURY</b>                     | State<br><b>MA</b>  | Zip<br><b>01545</b>   |
| <b>MULTIPLE DIRECTORS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT)</b> <input type="checkbox"/>                                                        |                    |                                                                           |                                               |                     |                       |
| 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                   |
| <b>SHARES AUTHORIZED</b> <input type="checkbox"/> <b>SHARES ISSUED (CHECK BOX FOR ATTACHMENT)</b> <input type="checkbox"/>                                 |                    |                                                                           |                                               |                     |                       |
| 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<br><b>100</b>                | CLASS/SERIES        | PAR VALUE<br><b>0</b> |
|                                                                                                                                                            |                    |                                                                           |                                               |                     |                       |

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 **6-12-14**

**Scott M. AYRES**  
Print or Type Name of Authorized Representative