

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 2015

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(e), d)) is subject to a henalty fee of \$25.00

law (R.I.G.L. 7-1.2-1501(c&d))	is subject to a penalty for	ee of \$25.00.		.=		
1. Corporate ID No.						
25941	WESTER	N MASS BLASTIN	G CORP.			
3. Street Address Principal Business Office PO BOX 488			City HOPE VALLEY	State RI	^{Zip} 02832	
4. Business Phone No. 5. State of In				·		
401-3	77-1000		MA			
6. Brief Description of the Charact	er of Business Conducted in R		NG & BLASTING			
T MANUEL AND ADDRESS						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name			: Vice President Name			
	EY J GILMAN			S L SILVA	•	
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·	
12 EV	ANS LANE		13 JI	ENKS RD		
City	State	Zip	City	State	Zip	
HOPE VALLEY	RI	02832	FOSTER	RI	02825	
Secretary Name			Treasurer Name	7"TT /TT MRNI		
ROLAND NORMANDIN Street Address			JEFFREY J GILMAN			
Street Address 661 MAIN STREET PO BOX 253			Street Address 12 EVANS LANE			
City	State	Zip	City	State	Zip	
NO. OXFORD	MA	01537	HOPE VALLEY	RI	02832	
			TACHMENT) TILL IN SP.		G ATTACHMENTS	
Director Name			Director Name			
JEFFREY J GILMAN			DIANE A GILMAN			
Street Address 12 EVANS LANE			Street Address 176 ARCADIA RD			
						City
HOPE VALLEY	RI	02832	HOPE VALLEY	RI	02832	
Director Name			Director Name			
Street Address			Street Address	<u> </u>	···	
	·					
City	State	Zip	City	State	Zíp	
9. SHARES AUTHORIZED	("X" BOX FOR ATTAC	 !HMRNT'\ □	10 CHARRE RELIED CAN	 ROY ROD ATTAC	 EMENT').□	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
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7500 COMMON NO PAR VALUE			200	COMMON	4.1	
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This report must be execute	d on behalf of the corp	oration by an authorize	ed representative. If the corpo	oration is in the hands	of a receiver or trustee.	
this report must be executed					=	
		furn	Under nenalty of period	ry I declare and affirm t	hat I have examined this ren	
FILED			Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statements.			
			contained herein are tri			
File Date		MAR 1 3 2015	() AND ME OF	Aller	3/11/15	
•			Signatur	-TUMPU	Date Date	
Check No.	BY	8959	°/ 100 0 1/	GILMAN		
	D I		Print or Type Name	OTHER.		
By:			· =			
FOR SECRETARY OF STATE USE ONLY			TREASURER		···	
<u> </u>			Title		E (20 D 10/07	