RI SOS Filing Number: 202043267370 Date: 6/24/2020 2:11:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000046006	A-Blast, Inc.

3. Principal Office Address	City	State	Zip
703 Metacom Avenue	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	To blast, excavate, demolish, contrast and hold real estate
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Theresa Francis			Vice-President Name: Kevin Francis		
Street Address: 115 Tupelo Street			Street Address: 115 Tupelo Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Patricia Francis			Treasurer Name: Christopher Francis		
Street Address: 102 Kickemuit Avenue			Street Address: 102 Kickemuit Avenue		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an 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

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9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,100	CNP	0.00

11. 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.

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.

Name of Authorized Representative		Date
Patricia Francis	Secretary	6/24/20

Signature of Authorized Representative: Patricia Francis

FILED
SIGN DOCUMENT HERE
JUN 24 2020
BY 21557 A.A
2:11 p.m

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017