

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

160 North Main Street Providence, RI 02903-1335

401 222 3640

Corporations Du isson

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

2005

State of Principles State State of Principles State of Princ	I Corporate ID No. 64278	2 Name of Corpor MD Drilling	and Blasting, Inc.			
10 10 10 10 10 10 10 10			Suite 2			^{Zφ} 03032
Property Address Property Ad			' '	n	·	6 SIG Grie 885
	7 Brief Description of the Charact DRILLING AND BLAS	er of Business Conducte TING UNION SUBC	a or Rhode Island			
Mitchell Green March Address 88 Gold Ledge Avenue, Suite 2 Car Aubutn NH 03032 Necroun Name None Necrotary Name None Mater Zap Car: State Address P.O. Box 1140 Car: Mater Zap Gardiner ME 0434 Parcetar Name None None None None None Metalliam R. McLean Metalliam R. McLean Metalliam R. McLean Metalliam R. McLean Near Address P.O. Box 1140 Car: Gardiner ME 0434 Descent Name None None None None Metalliam R. McLean	3. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN :	SPACES BEFORE USIN	G ATTACHMENTS
Street Address 88 Gold Ledge Avenue, Suite 2 Circ. Albuth NB 03032 Street Address Prosper Name None None Street Address Prosper Name William R. McLean Street Address P.O. Box 1140 Circ. Gardiner ME 0434 Circ. Gardiner ME 0434 Circ. Gardiner ME 0434 Director Name None None Street Address Proved Address Proved Address Circ. Circ. State Circ.	Festdent Name			Vice President Name		
Record State Record Re	Mitchell Green	1		None		
Aubutn		· -		Street Address		
AUBUTH Name None None None None None Note Address P.O. Box 1140 City State O434 P.O. Box 1140 Director Name None None None None None None None Non	88 Gold Ledge	Avenue, St	rite 2		•	
None			1 '	City	State	$Z\phi$
None Street Additions P.O. Box 1140 Car: State Additions P.O. Box 1140 Car: State Additions P.O. Box 1140 Car: Gardiner ME O434 Director Name None None Street Additions Car: State Zap Car: Car: State Zap Car: Car: State Zap Car: State Zap Car: Street Additions Car: Street Additions Car: Street Additions State Street Additions Street Additions State State State Street Additions State Sta] ин	1 03032			
Street Address P.O. Box 1140	Secretary Name			Treasurer Name		
P.O. BOX 1140 City State Zip City State Zip O. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name None None Street Address City State Zip Outset or Name None None Street Address City State Zip Outset or Name None None Street Address Street Address Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUT" IORIZED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value					cLean	
Gardiner ME 0434	Street Address			·		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)	Cur	State	Zip	City	State	Zφ
Director Name None None				Gardiner	ME	04345
None Micros Address Street Address City State Zip Director Name None None Street Address). NAMES AND ADDRESS	ES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) 🛮 🔲 FILL I:	N SPACES BEFORE US	ING ATTACHMEN
Street Address Caty State Zap Director Name None None Street Address	Director Name			Doector Name		
State Zap City State Zap	None			None		
Director Name None Street Address City State Zip Gity State Zip Gity State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value Director Name None Street Address ISSUED SHARES Class Series Par Value Number of Shares Class Series Par Value	Street Address		Street Address			
None Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) INSUED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value Number of Shares Class Series Par Value	City	State	Zip	City	State	Zφ
None Street Address City State Zip City State Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTTIORIZED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value	Director Name			Director Name		
Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 1 AUTTIORIZED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value				;		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [AUTTIORIZED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value	·		·····	<u> </u>	<u></u>	
AUTHORIZED STARLS Number of Shares Class Series Par Value Number of Shares Class/Series Par Value	Cu _l .	State	Zip	City	State	Zip
And the second s		D ("X" BOX FOR	ATTACHMENT) [("X" BOX FOR ATTAC.	HMENT) [
10,000 COMM NO PAR VALUE 2,000 Common No Pa		Class Series	Par Value	Number of Shares	Class/Series	Par Value
	10,000 COMM NO PAR VALUE		2,000	Common	No Par	
		• • • •				
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tr	This report must b	e signed in ink by	either the President, Vic	re President, Secretary, Assista	ant Secretary, Treasurer	. Receiver or Trust

File Date _____ FILED EEB 24 2005 121 FOR SECRETARY OF STATE USE ONLY

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 hereinare true and correct /Mitchell Green Print or Type Name of Officer President Tule of Officer



City

AUTHORIZED SHARES

10,000 COMM NO PAR VALUE

Number of Shares

STATE OF RHODE JULIUD AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Durision 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) I. Corporate ID No. 2. Name of Corporation 64278 MD Drilling and Blasting, Inc. 3 Street Address Principal Business Office Zin State City 88 Gold Ledge Avenue, Suite 2 Auburn NH 03032 4. Business Phone No 5 State of Incorporation 6. SIC Code (603) 647-5863 885 MAINE 7. Brief Description of the Character of Business Conducted in Rhode Island DRILLING AND BLASTING UNION SUBCONTRACTOR President Name Vice President Name Troy D. Beaulieu None Street Address Street Address 8 Bailey's Green City ZipState Zip CHY State Dedford 03110 NH Treasurer Name Secretary Name Theresa P. Freeman Theresa P. Freeman Street Address Street Address 7 Phillips Road 7 Phillips Road City State State 04105 Falmouth ME 04105 Falmouth ME ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name None None Street Address Street Address State Z.ip City 7.ip Director Name Director Name None None Sirvet Address Street Address

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

City

ISSUED SHARES

Number of Shares

2,000

	1
File Date	315/04
Check No.	1605
Ву:	
1	FOR SECRETARY OF STATE USE ONLY

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class Series

Z.Ip

Par Value

Under penalty of perjury, Declare and a	firm that I have examined this report.
including any accompanying schedules a contained herein are fue and correct.	nd statements, and that all statements
Signature of Officer	Date
Troy D. Beaulieu	
Print or Type Name of Officer	
President	
Title of Officer	Earn 630 Pay 12/03

State

Class/Series

Common

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Par Value

No Par

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222 3040

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACKS 1. Corporate ID No. 2. Name of Corporation 64278 MD Drilling and Blasting, Inc. 3. Street Address Principal Business Office City State Zip 88 Gold Ledge Avenue, Suite 2 03032 Auburn NH 4 Business Phone No. 5 State of Incorporation 6 SIC Code (603) 647-5863 885 MAINE 7 Brief Description of the Character of Business Conducted in Rhode Island Drilling and Blasting Union Subcontractor 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Troy D. Beaulieu None Street Address Street Address 8 Bailey's Green City City State Lip State Zip Bedford NH 03110 Secretary Name Treasurer Name Theresa P. Freeman Theresa P. Freeman Street Address Street Address 7 Phillips Road 7 Phillips Road City State Zip City State Z_{1p} 04105 Falmouth ME Falmouth 04105 ME FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name None None Street Address Street Address City Zip Zip Director Name Director Name None None Street Address Street Address City State Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 10,000 COMM NO PAR VALUE 2,000 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

President Title of Officer

~~~ S ≤

| ·· <del>-</del>               | 4 2 7 8 * |
|-------------------------------|-----------|
| File Date:                    | 2/14/03   |
| Check No.:                    | 1400      |
| Ву                            | 9         |
| FOR SECRETARY OF STATE USE ON | TA CALL   |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and ontained herein are true and correct Troy <u>D. Beaulieu</u> Print or Type Name of Officer

Ferm 639 12/02

Edward S. Inman, III. Secretary of State Corporations Dustion 160 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

| reliou. juntury 1- murch 1     | • | riling ree: | \$50.0 |
|--------------------------------|---|-------------|--------|
| GODA MUCE DE TUDED DA DE ACIDA |   |             |        |

| TORM | MUST | BE | TYPED | IN | BLACK |
|------|------|----|-------|----|-------|
|      |      |    |       |    |       |

1. Corporate ID No.

2. Name of Corporation

64278

MD Drilling and Blasting, Inc.

3. Steet Address Principal Business Office

88 Gold Ledge Ave., Suite 2

Auburn

NH

წ3032

4 Business Phone No

5. State of Incorporation

6. SIC Code

603-647-5863

885

7 Brief Description of the Character of Business Conducted in Rhode Island
Drilling and Blasting Union Subcontractor

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Troy D. Beaulieu

Vice President Nume NONE

Street Address

Street Address 8 Bailey's Green

City Bedford

President Name

NH

ზვ110

City

State

Zip

Secretary Name

Theresa P.Freeman

Theresa P.Freeman

Street Address 7 Phillips Road

7 Phillips Road

Falmouth

ME

ပြီ4105

Falmouth

Stay E

<sup>7</sup>04105

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

NONE

Street Address

Director Name
NONE Street Address

City

State

Zip

State

Director Name
NONE

Street Address

State

Street Address

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Volue

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares

Class/Series

Par Value

10,000 COMM NO PAR VALUE

2,000

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FOR SECRETARY OF STATE USE ONLY

Under **√**firm that I have examined mpanying schedules and statements, and herein are true and correct.

Signature of Officer

02/01/02 Date

Troy D. Beaulieu

Print or Type Name of Officer President

Title of Officer

P. .. . C20 12001

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR T 2001

| Filing Period: January     | 1-March 1 • Filing Fee: \$50.00              |  |
|----------------------------|----------------------------------------------|--|
| FORM MUST BE TYPED IN BLAC | rK;                                          |  |
| 1 Corporate ID 64278       | <sup>2</sup> No or Citing and Blasting, Inc. |  |

| 09278                                              | MDD.L.A.C.                           | lyng and Blasti                         | ng, Inc.                  |                        |                             |
|----------------------------------------------------|--------------------------------------|-----------------------------------------|---------------------------|------------------------|-----------------------------|
| 3. Street Address Principal Bu                     | siness Office                        |                                         | City                      | State                  | 7.4                         |
| 88 Gold Lede                                       | ge Ave., Sui                         | te 2                                    | Auburn                    | NH                     | 03032                       |
| (603) 647-58 2. Buef Description of the Cha        | 363<br>tracter of Business Conducted | *******                                 |                           |                        | <sup>6. SK</sup> <b>68今</b> |
| Drilling and<br>8. NAMES AND ADD<br>President Name | d blasting u<br>RESSES OF THE OF     | nion subcontr<br>FICERS ("X" BOX FOR AT |                           | ES BEFORE USING ATTA   | ACHMENTS                    |
| Troy D. Beat                                       | ılieu                                |                                         | none<br>Street Address    |                        |                             |
| 8 Bailey's (                                       | Green                                |                                         | Auto Augress              |                        |                             |
| City                                               | State                                | Zip                                     | City                      | State                  | Zip                         |
| Bedford<br>Secretary Name                          | NH                                   | 03110                                   |                           |                        |                             |
| Theresa P. F                                       | reeman                               |                                         | Treasurer Name            | _                      |                             |
| Street Address                                     | reeman                               |                                         | Theresa P.                | Freeman                |                             |
| 7 Phillips F                                       | Road                                 |                                         | Street Address 7 Phillips | Poad                   |                             |
| City                                               | State                                | Zip                                     | City                      |                        |                             |
| Falmouth                                           | ME                                   | 04105                                   | Falmouth                  | State<br>ME            | zφ<br>04105                 |
| 9. NAMES AND ADDI                                  | RESSES OF THE DIR                    | ECTORS (*X* BOX FOR A                   |                           | CES BEFORE USING AT    |                             |
| none<br>Street Address                             |                                      |                                         | none<br>Street Address    |                        |                             |
| City                                               | State                                | Zip                                     | City                      | State                  | Zip                         |
| Director Name                                      |                                      |                                         | Director Name             |                        |                             |
| none                                               | -                                    |                                         | none                      |                        |                             |
| Street Address                                     |                                      |                                         | Street Address            |                        |                             |
| City                                               | State                                | Lip                                     | City                      | State                  | 71p                         |
| 10. SHARES AUTHORI                                 | ZED ("X" BOX FOR ATT                 | ACHMENT)                                | II. SHARES ISSUED         | ("X" BOX FOR ATTACHMEN |                             |
| AUTHORIZED SHARES                                  |                                      |                                         | ISSUED SHARES             | CA BOA FOR ALTACHMEN   | 1)                          |
| Number of Shares                                   | Class/Series                         | Par Value                               | Number of Shares          | Class/Series           | Par Value                   |
|                                                    |                                      |                                         |                           |                        |                             |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

2,000



10,000 COMM NO PAR VALUE

| File Date                  | 2/12/2001_ |
|----------------------------|------------|
| Check No.:                 | 400133     |
| Ву                         |            |
| FOR SECRETARY OF STATE USE | ONLY       |

| Under penalty of perjury, I declare a | nd affirm that I have examined     |
|---------------------------------------|------------------------------------|
| this report, including any accompan   | ying schedules and statements, and |
| that all statements contained herein  | are true and correct.              |
| 1/8                                   | 01-30-01                           |
| /                                     |                                    |

common

Par Value

No Par

| . /// 62             | 01-30-01 |
|----------------------|----------|
| Signature of Officer | Date     |
| _                    |          |

| Troy D. Beaulieu              | <br> |      |  |
|-------------------------------|------|------|--|
| Print or Type Name of Officer |      | <br> |  |

President Title of Officer

F.02/23

Corporations Division 100 North Main Street, Providence, RI 02903-1335

## 101-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filling Period: January 1-March 1 • Filing Fee: \$50.00

|                                                      | 64278                              |                         | of Corporati<br>MD |                     | ling ar                | nd Blasting,                                                                                                    | Inc                |                     |              |      |
|------------------------------------------------------|------------------------------------|-------------------------|--------------------|---------------------|------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------|------|
| ) Stree                                              | t Address Principal Busine         | ss Office               |                    |                     | <b></b>                | City                                                                                                            | 1110.              |                     |              |      |
| 4 Bus:                                               | 88 Gold Le<br>(603) 647            | edge Av<br>- 5863       | /e., S<br>3        |                     | 2<br>State of Incorpor | Auburn                                                                                                          | New                | State,<br>Hampshire |              | 032  |
|                                                      | Description of the Churact         |                         |                    | Rhode Isla          | Maine                  |                                                                                                                 |                    |                     | 6. sic<br>88 | 55°  |
|                                                      | Drilling a MES AND ADDRE           | and bla                 | astina             | uni                 | on subc                | Contractor.                                                                                                     |                    |                     |              |      |
|                                                      | Trov D Re                          | aulio                   | ,                  |                     |                        | Vice President Na<br>NONE                                                                                       | me                 |                     |              |      |
|                                                      | 8 Bailey's<br>Bedford              | Green                   | n<br>NH            |                     | 03110                  | Street Address                                                                                                  |                    |                     |              |      |
| City                                                 | bediold ,                          | State                   | ип                 | Zip                 | 03110                  | City                                                                                                            |                    | State               | Zip          |      |
| Secretary                                            | Name                               |                         |                    |                     |                        |                                                                                                                 |                    |                     | c.p          |      |
| Street Ad                                            | Theresa P.                         |                         |                    |                     |                        | Treasurer Name                                                                                                  |                    | P. Freeman          |              |      |
|                                                      | dress 7 Philli                     | рѕ коа                  |                    |                     |                        | Street Address                                                                                                  | 7 Phill            | ips Road            |              |      |
| City                                                 | Falmouth                           | State                   | ME                 |                     | 04105                  | Falm                                                                                                            | outh               | ME                  | 04           | 1105 |
|                                                      |                                    | JUNE                    |                    | Zip                 |                        | <b>C</b> 1.                                                                                                     |                    |                     |              |      |
|                                                      | _                                  |                         |                    | •                   |                        | City                                                                                                            |                    | State               | Zip          |      |
| 9. NAN                                               | IES AND ADDRESS                    | SES OF TH               | E DIRECT           | ORS (               | X* BOX FOR /           | ATTACHMENT)                                                                                                     |                    | State               | Zip          |      |
|                                                      | none                               | SES OF TH               | E DIRECT           | ORS (               | 'X" BOX FOR /          | •                                                                                                               |                    | State               | Zip          |      |
| 9. NAN Director N                                    | none                               | SES OF TH               | E DIRECT           | ORS (               | 'X" BOX FOR /          | ATTACHMENT)                                                                                                     |                    | State               | Zip          |      |
|                                                      | none                               | SES OF TH               | E DIRECT           | ORS (*              | 'X" BOX FOR /          | ATTACHMENT) Director Name                                                                                       |                    | State               |              |      |
| Street Add                                           | none                               |                         | E DIRECT           |                     | 'X" BOX FOR /          | ATTACHMENT)  Director Name  Street Address                                                                      | ,                  |                     | Zip<br>Zip   |      |
| Street Add                                           | none<br>ress                       |                         | E DIRECT           |                     | 'X" BOX FOR /          | ATTACHMENT)  Director Name  Street Address  City                                                                |                    |                     |              |      |
| Street Add City Director N.                          | none<br>ress                       |                         | E DIRECT           |                     | 'X" BOX FOR /          | ATTACHMENT)  Director Name  Street Address  City  Director Name                                                 |                    | State               | Zip          |      |
| Street Add City  Director N Street Addi City         | none  ame ess  RES AUTHORIZED      | State<br>State          |                    | Zip<br>Zip          | 'X" BOX FOR /          | ATTACHMENT)  Director Name  Street Address  City  Director Name  Street Address  City                           | s                  | State               |              |      |
| Street Add City Director N. Street Addr City 10. SHA | none  ress  RES AUTHORIZED  SHARES | State<br>State          | OR ATTACHM         | Zip<br>Zip<br>(ENT) |                        | ATTACHMENT)  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED SHARES | s                  | State               | Zip          |      |
| Street Add City Director N. Street Addr City 10. SHA | none  ress  RES AUTHORIZED  SHARES | State State ("X" BOX FO | OR ATTACHM         | Zip<br>Zip          |                        | ATTACHMENT)  Director Name  Street Address  City  Director Name  Street Address  City                           | s<br>SUED (*X* BOX | State               | Zip          |      |

his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| -           |         |  |
|-------------|---------|--|
|             | Alulas  |  |
| e Date:     | 711100  |  |
| eck No      | 9/11/00 |  |
|             | car     |  |
| R SECTION O |         |  |

Under penalty of perjury, I declare and affirm that I have examined this raport, including any accompanying schedules and statements, and that all tratements contained herein are true and correct.

8-14-00

Date

Troy D. Beaulieu Print or Type Name of Officer

President

DR SECRETARY OF STATE DISE ONLY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED I                       | N BLACK)                              |                                          |                                            |                               |                        |            |
|---------------------------------------------|---------------------------------------|------------------------------------------|--------------------------------------------|-------------------------------|------------------------|------------|
| 1. Corporate ID No. <b>64278</b>            | 2. Name of Corpora  MD Drilling       | <sub>tion</sub><br>and Blasting, inc.    |                                            |                               |                        | <b>-</b> - |
| 3. Street Address Principal Bi              | usiness Office                        |                                          | City                                       | State                         | Zip                    |            |
| PO Box 307 – 4. Business Phane No.          | Brunswick Avenu                       | 5. State of Incorporation                | Gardiner                                   | Maine                         | 04345<br>6. SIC Code   |            |
| 207-582-2338 7. Brief Description of the Ch | naracter of Business Conducted (      | MAINE  n Rhode Island                    |                                            |                               | 885                    |            |
|                                             | blasting union<br>DRESSES OF THE OFFI | subcontractor. ICERS ("X" BOX FOR ATTACH | IMENT) FILL IN SPACE Vice President Name   | ES BEFORE USING ATTA          | CHMENTS                |            |
| Theodore A. Street Address                  | Purington Jr.                         |                                          | James P. Puri                              | ngton                         |                        |            |
| Brunswick Ro                                | ad                                    |                                          | Brunswick Road                             | đ                             |                        |            |
| City                                        | State                                 | Zip                                      | City                                       | State                         | Zip                    |            |
| Gardiner Secretary Name                     | Maine                                 | 04345                                    | Gardiner Treasurer Name                    | . Maine                       | 04345                  |            |
| William D. P Street Address                 | urington                              |                                          | William D. Pur<br>Street Address           | rington                       |                        |            |
| Brunswick Ro                                | ađ                                    |                                          | Brunswick Road                             | đ                             |                        |            |
| City                                        | State                                 | ZIp                                      | City                                       | State                         | Zip                    |            |
| Gardiner 9. NAMES AND ADI Director Name     | Maine<br>ORESSES OF THE DIRI          | 04345<br>ECTORS ("X" BOX FOR ATTA        | Gardiner CHMENT) FILL IN SPA Director Name | Maine<br>CES BEFORE USING ATI | 04345<br>FACHMENTS     |            |
| No Directors Street Address                 |                                       | •                                        | Street Address                             |                               |                        |            |
| City                                        | State                                 | Zip                                      | · City                                     | State                         | Zip                    |            |
| Director Name                               |                                       |                                          | Director Name                              |                               |                        |            |
| Street Address                              |                                       |                                          | Street Address                             |                               |                        |            |
| City                                        | State                                 | Zip                                      | City                                       | State                         | Zip                    |            |
| 10. SHARES AUTHO:                           | RIZED (*X* BOX FOR ATT                | ACHMENT)                                 | 11. SHARES ISSUED                          | (*X* BOX FOR ATTACHMEN        | T)                     |            |
| Number of Shares                            | Class/Series                          | Par Value                                | Number of Shares                           | Class/Series                  | Par Value              | ,          |
| 10,000                                      | Common                                | No Par                                   | 2,000                                      | Common                        | No Par                 |            |
| -<br>This report must be                    | <b>signed in ink</b> by eith          | ner the President, Vice F                | resident, Secretary, A:                    | ssistant Secretary, Treas     | surer, Receiver or Tru | stee       |
| • •                                         |                                       |                                          |                                            |                               |                        |            |

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all matoment Coptained herein are true and correct.

Check No.: .

FOR SECRETARY OF STATE USE ONLY

William D. Purington
Print or Type Name of Officer

Treasurer / Secretary

<u>3/15/99</u>

Date

Title of Officer

Rnature of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-272-3040

### PROFIT CORPORATION ANNUAL REPORT 1998

| filing | Period | : January | 1-March | 1 • | Filing | Fee: \$ | 50.00 |
|--------|--------|-----------|---------|-----|--------|---------|-------|
|--------|--------|-----------|---------|-----|--------|---------|-------|

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2 Name of Corporation

64278

MD Drilling and Blasting, Inc.

5. State of Incorporation

3 Street Address Principal Business Office

Zip

PO Box 307 - Brunswick Avenue

Maine

04345

6. SIC Code

207-582-2338

Brunswick Road

Brunswick Road

Maine

0885

7. Brief Description of the Character of Business Conducted in Rhode Island

Drilling and blasting union subcontractor 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

Gardiner

Theodore A. Purington, Jr. Street Address

James P. Purington

Street Address

Brunswick Road

William D. Purington

City Gardiner

Zip

State

Zip

Secretary Name

Maine

04345

Gardiner Treasurer Name

Maine

04345

William D. Purington

Street Address

City

Street Address Brunswick Road

State

Maine

04345

Gardiner

Maine

04345

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

No Directors Street Address

None

Street Address

Director Name

City

City

State

Zip

Zip

City

State

Zip

Director Name

Director Name

City

Street Address

Street Address

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

10,000

Common

No par

2,000

Common

No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

|            | FILED              |
|------------|--------------------|
| File Date: | <u>UN 5 1998</u>   |
| Check No.: | By 12 105001012    |
| By:        | DE STATE LIST ONLY |

| Under penalty of persons 1 doctare and affi | rm that I have examined      |
|---------------------------------------------|------------------------------|
| this report, including any accompanying so  | chedules and statements, and |
| that all statements must ned before are tri | ue and correct.              |
| Manual of Office #                          | 6/9/98                       |

Purington

Treasurer/Secretary Title of Officer



James R. Langevin, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

401-277-3040

## PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 • Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

64278

4 Business Phone No.

MD Drilling and Blasting, Inc.

3. Street Address Principal Business Office P O Box 307 - Brunswick Road

(207) 582-2338

5. State of Incorporation

Gardiner

State

ME

 $Z_{10}$ 04345

City

MAINE

6. SIC Code

James P. Purington

0885

7. Brief Description of the Character of Business Conducted in Rhode Island

Drilling & blasting union subcontractor 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X

President Name

Theodore A. Purington, Jr.

Street Address

William D. Purington

Brunswick Road

Gardiner

Secretary Name

Street Address

State

ME

04345

Brunswick Road

Brunswick Road

Gardiner

Vice President Name

State ME

Zip 04345

Treasurer Name

Street Address

William D. Purington

Street Address

Brunswick Road

Gardiner

ME

04345

Gardiner

Director Name

Street Address

State ME

04345

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Ditector Name

No directors.

Street Address

State

City

State

Director Name Director Name

Street Address

City

State

Zip

City

Street Address

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

**ESSUED SHARES** Number of Shares

Class/Series

Par Value

10,000

Common

no par

2,000

Common

no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



ETARY OF STATE USE ONLY

clare and affirm that I have examined ecompanying schedules and statements, and toon are true and correct

<u>Purington</u> Print or Type Name of Officer

Treasurer/Secretary

#### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

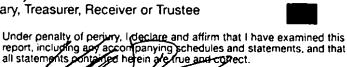
PLEASE TYPE OR PRINT IN BLACK INK.

| 1. CORPORATE ID MO.                                | 2. NAME OF CORPORATION           | TEDSE TITE ON FRI               | IN IN BLACK INC.                     |                               |                       |
|----------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------|-------------------------------|-----------------------|
| 64278<br>3 STREET ADDRESS PRIVOPAL EXERCESS OFFICE | MD Drill                         | ing and Blasti                  | ng, Inc.                             | STATE                         | ZP CCOE               |
| P O Box 307 - 4. BUSINESS PHONE NO.                |                                  | O a d<br>State of incorporation | Gardiner                             | ME                            | 04349<br>e. Sec coope |
| (207)582-2338                                      |                                  | MAINE                           |                                      |                               | 16 29                 |
| 7. BREE DESCRIPTION OF THE CHARACTER OF BU         | SINESS CONDUCTED IN RHODE ISLAND |                                 |                                      |                               |                       |
| Drilling & 1                                       | Blasting Unio                    | on Subcontra                    | ctor                                 |                               |                       |
| PRESIDENT NAME                                     | 8. H A M E                       | S AND ADDRE                     | SSES OF THE OFFI V.CE PRESIDENT NAME | CERS                          |                       |
| Theodore A. Purin                                  | gton, Jr.                        |                                 | James P. Purin                       | ngton                         |                       |
| 9 Pine Crest Driv                                  | e<br>State                       | ZP 000E                         | 16 Alexander H                       | Road<br>STATE                 | ZP C00E               |
| Bedford<br>SECRETARY NAME                          | NH                               | 03110                           | Londonderry TREASURER HAVE           | NH                            | 03053                 |
| William D. Puring STREET ADDRESS                   | ton                              |                                 | William D. Pur<br>street address     | rington                       |                       |
| RR4, River Road                                    |                                  |                                 | RR4, River Roa                       | ad                            |                       |
| an<br>Pittston                                     | STATE<br>ME                      | ο4345                           | Pittston                             | STATE                         | ZIP CODE              |
| 1 2 6 6 5 6 6 7 1                                  |                                  |                                 | SSES OF THE DIRE                     | ME<br>CTORS                   | 04345                 |
| DIRECTOR NAME                                      |                                  |                                 | D'RECTOR NAME                        |                               |                       |
| No Dire                                            | ectors                           |                                 | STREET ADDRESS                       | • •                           | • • •                 |
| στγ                                                | STATE                            | ZP C00E                         | an                                   | STATE                         | ZIP COOE              |
| DIRECTOR NAME                                      |                                  |                                 | DIRECTOR NAME                        |                               |                       |
| STREET ADDRESS                                     |                                  |                                 | STREET ADDRESS                       |                               |                       |
| от                                                 | STATE                            | ZIP CCCE                        | сту                                  | STATE                         | ZIP COOS              |
|                                                    |                                  | RES AUTHORIZ                    | ED AND ISSUED                        |                               |                       |
| MUMBER OF SHARES                                   | AUTHORIZED SHARES CLASS / SER'ES | PAR VALUE                       | NUMBER OF SHARES                     | ISSUED SHARES  CLASS / SERIES | PAR VALUE             |

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

2,000

no par



no par

3/18/96 File Date: Check No:

For Secretary of State Use Only

By:

10,000

Common

William D. Purington Print or Type Name of Officer

Common

Treasurer/Secretary 2/27/96\_

Title of Officer

Date

1996 annul

## MD DRILLING & BLASTING, INC. Federal ID #01-0413494

President:

Theodore A. Purington, Jr.

Brunswick Road, P. O. Box 1140

Gardiner, ME 04345

Vice-President

James P. Purington

Brunswick Road, P. O. Box 1140

Gardiner, ME 04345

Vice-President

Thomas L. Purington

Brunswick Road, P. O. Box 1140

Gardiner, ME 04345

Treasurer/Secretary

William D. Purington

Brunswick Road, P. O. Box 1140

Gardiner, ME 04345

Clork

Bryan M. Dench

95 Main Street P. O. Box 3200

Auburn, ME 04212-3200

Filing Fee \$56 00 Payable to Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC Sept 1 - Nov 4 CORP Jun 1 - March 1

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| Foderal Taxpayer Identification Number  For foreign castly, address and relephone number of principal office MD Drilling & Blasting, Inc  P O Box 307  Gardiner, ME 04345 | Basiness Entity is (clack one)    X   Business Corporation (See RIGL Chapter 7-1-1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P O Box 307                                                                                                                                                               | X   Business Corporation (See RIGL Chapter 7-1-1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u></u>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Phone ()  Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).                                       | MD Drilling & Blasting, Inc.  P O Box 307, Brunswick Road  Gardiner, ME 04345  Buck statement of the character of basiness conducted in Rhade Island                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Phone ( )                                                                                                                                                                 | Drilling & Blasting Services  Subcontractor  Date of Organization — 2/13/86  Date of Qualification to do business in Rhode Island of foreign early)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CONTRIBATION OF RECORDS ON                                                                                                                                                | THE OFFICERS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| See Attached There is no Board of Direction 70 pursuant to MRSA Section 70                                                                                                | CRUPS CARACTER CARACT |
| NUMBER OF SHARES AUTHORIZED (It Applicable)  NUMBER 10,000                                                                                                                | NUMBER OF SHARES ISSUED AND OUTSTANDING HEApplicable) NUMBER 2,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CLASS Common<br>SERIES                                                                                                                                                    | CLASS Common SERIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PAR VALLE OR No Par WITHOUT PAR                                                                                                                                           | PAR VALUE OR NO Par WITHOUT PAR NO Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

- Orm 31 - 194

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office anifor registered or resident agent. Form 9 or Form LLC 3 most be filed

CT Corporation System 125 Dyer Street Providence, RI 02903 FILED

FEB 2 8 1995

By My

#### MD DRILLING & BLASTING, INC.

#### Written Action of Shareholders

January 3, 1995 Brunswick Road Gardiner, Maine

The undersigned, being all of the shareholders of MD Drilling and Blasting, Inc., pursuant to 13-A M.R.S.A. Sections 620 and 711 hereby take the following action by their unamimours written consent in lieu of the Annual Meeting.

1. To elect the following individuals to the positions set opposite their respective names, to serve in said capacities for the ensuing term and until their successors are elected:

President: Theodore A. Purington, Jr.

P. O. Box 1140

Gardiner, ME 04345

Vice-President James P. Purington

P. O. Box 1140

Gardiner, ME 04345

Vice-President Thomas L. Purington

P. O. Box 1140

Gardiner, ME 04345

Treasurer/Secretary William D. Purington

P. O. Box 1140

Gardiner, ME 04345

Clerk Bryan M. Dench

P. O. Box 3200

Auburn, ME 04212-3200

Theodore A. Purington, Jr.

President and Shareholder

James P. Purington

Vice-President and Shareholder

Thomas L. Purington

Vice-President and Shareholder

William D. Puringten

Secretary/Treasure and Shareholder

Filing Fee \$50.00 Payable to Secretary of State

#### PLEASE TYPE OF PRINT CA# 12/7- MIRC File Annually

State of Rhode Island and Providence Plantations 50 LLC Sept. 1 - Nov. 1
Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335

401-277-3040 0064278 1294 Corporate ID. Annual Report for the year: \_ MD Drilling and Blasting, Inc. Name of Business Entity \_ MAINE Business Entity is (check one). Business entity organized under the laws of the State of \_ Business Corporation (See RIGL Chapter 7-1-1) Federal Taxpayer formification Number [ ] Professional Service Corporation (See RIGL Chapter 7-5.1) [ ] Limited Liability Company (See RIGL 7-16) For foreign citity, address and telephone number of principal office Name, title and mailing address of contact person to whom Brunswick Road communications may be directed. P. O. Box 1140 William D. Purington, President Gardiner, ME 04345 MD DRILLING AND BLASTING, INC. Phone (207) 582-2338 P. O. Box 1140 Gardiner, MB 04345 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box) Brief statement of the character of business conducted in Rhode Island. Drilling & Blasting Service 2/13/86 Dute of Organization. .\_\_ Date of Qualification to do business in Rhode Island (if foreign entity). 5/9/91 THE NAMES OF THE OFFICERS ARE □ contexecutivi on ciscos □ PRESENTÍCICAS OS.)
See Attached CHIEF OPERATING OFFICER OF [ ] VICE PRESIDENT CHARGES CINSIATE ZIP CODE TOUR OD AND SHOOK SOR OF SHIRE TARY ICEGA COL STREET ADDRESS ZIP CODS CID-S ATE STRUET ADDRESS ZIP COUL THE FENANCIAL OPPICER ON THE TREASURER COLLEGED THE NAMES OF THE DIRECTORS ARE See Attached SAME NAY. CITY STATE APCOJE 222900A T41872 NUMBER OF SHARES AUTHORIZED (II Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER /0,000 NUMBER 2,000 CLASS ('ommon) CLASS Common SERIES SERIES PAR VALUE OR 🙄 PAR VALUE OF WITHOUT PAR WITHOUT PAR Date March 21, 1994 19 William D. Purington TRINT OR THE NAME OF OUR KER SIGNA Treasurer

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filed

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

#### MD DRILLING AND BLASTING, INC

## Written Action of Shareholders Annual Meeting

January 4, 1994 Gardiner, Maine

The undersigned, being all of the shareholders of MD Drilling and Blasting, pursuant to 13-A M.R.S.A. Section 620, hereby take the following actions by unanimous written consent.

To elect the following individuals to the positions set opposite their respective names, to serve in said capacities for the ensuing term and until their successors are elected:

President

Theodore A. Purington, Jr.

Treasurer

William D. Purington

Vice President

James P. Purington

Vice President

Thomas L. Purington

Clerk and Secretary

Bryan M. Dench

Assistant Clerk and

Secretary

Norman J. Rattey

Theodore A. Purfington Jr.

Thomas L. Purington

James P. Purington

William D. Furing

#### EXHIBIT A - ND DRILLING & BLASTING, INC.

TO

#### PARAGRAPH

President: Theodore A. Purington, Jr. P. O. Box 1140 •

Brunswick Road

Gardiner, ME 04345

Treasurer: William D. Purington

P. O. Box 1140 \*

Brunswick Road

Gardiner, ME 04345

Clerk: Bryan M. Dench

95 Main Street \*

P. O. Box 3200

Auburn, ME 04212-3200

Secretary: Bryan M. Dench

95 Main Street \*

P. O. Box 3200

Auburn, ME 04212-3200

There is no Board of Directors. This is a shareholder run corporation pursuant to Maine Revised Statutes Annotated Section 701(2). The shareholders are as follows:

Theodore A. Purington, Jr.

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

William D. Purington

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

James P. Purington

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

Thomas L. Purington

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

<sup>\*</sup>Until Successors are duly elected and approved.

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID                            |                                   | Annual Report for                       | r the year 1993                                 |
|-----------------------------------------|-----------------------------------|-----------------------------------------|-------------------------------------------------|
| First: The name                         | of the corporation is             | MO Drilling an                          | d Blasting, Inc.                                |
| Second: It is inco                      | rporated under the laws of Th     | ne State of Main                        | e                                               |
| THIRD: Character                        | of business, briefly stated, is   |                                         |                                                 |
|                                         | ingandblastingofl                 |                                         |                                                 |
|                                         | corporation, address of its princ |                                         |                                                 |
| FifTh: Business ad                      | dress in Rhode Island 123         | Dyer St. Provide                        | nce, RI 02903                                   |
| SIXTH: Names and                        | addresses of its directors and of |                                         | (Attach rider if necessary)                     |
| See Attached S                          | chedule Director                  |                                         |                                                 |
| ······                                  | Director                          | <b>t</b>                                | AID                                             |
| ••••••••••••••••••••••••••••••••••••••• | Director                          |                                         | 2 1 0 1993                                      |
|                                         | President                         | SECRE                                   |                                                 |
|                                         | Vice President                    |                                         |                                                 |
|                                         |                                   |                                         |                                                 |
|                                         |                                   |                                         |                                                 |
|                                         | of Shares authorized:             | ••••••••••••••••••••••••••••••••••••••• |                                                 |
|                                         |                                   |                                         | Par Value  or statement that shares are without |
| No. of Shares                           | Class<br>Common                   | Series                                  | par value                                       |
|                                         | Common                            | None                                    | No Par                                          |
| Еіднтн: Number o                        | f Shares issued:                  |                                         | Par Value<br>or statement that                  |
| No. of Shares                           | Class                             | Scries                                  | shares are without par value                    |
| 2,000                                   | Common                            | None                                    | No Par                                          |
| Dated February 26                       | *******                           | Drilling and Bl                         | asting, Inc.                                    |
|                                         | By                                | Villiam D. Puping                       | tton                                            |
| (Report must be si                      | igned by an officer) Title.       | Treasurer                               | , ·                                             |

#### MD DRILLING AND BLASTING, INC

Written Action of Shareholders In Lieu of the Annual Meeting

> February 26, 1993 Gardiner, Maine

The undersigned, being all of the shareholders of MD Drilling and Blasting, pursuant to 13-A M.R.S.A. s 620, hereby take the following actions by unanimous written consent in lieu of the Annual meeting.

To elect the following individuals to the positions set opposite their respective names, to serve in said capacities for the ensuing term and until their successors are elected:

President

Treasurer

Vice President

Vice President

Clerk and Secretary

Assistant Clerk and Secretary

Theodore A. Purington, Jr.

William D. Purington

James P. Purington

Thomas L. Purington

Bryan M. Dench

Norman J. Rattey

Theodore A. Purington, Jr.

James P. Purington

Thomas L. Purington

William D. Purington

#### EXHIBIT A - MD DRILLING & BLASTING, INC.

TO

#### PARAGRAPH 6

President: Theodore A. Purington, Jr. P. O. Box 1140 \*

Brunswick Road

Gardiner, ME 04345

Treasurer: William D. Purington

P. O. Box 1140 \*

Brunswick Road

Gardiner, ME 04345

Clerk: Bryan M. Dench

95 Main Street \*

P. O. Box 3200

Auburn, ME 04212-3200

Secretary: Bryan M. Dench

95 Main Street \*

P. O. Box 3200

Auburn, ME 04212-3200

There is no Board of Directors. This is a shareholder run corporation pursuant to Maine Revised Statutes Annotated Section 701(2). The shareholders are as follows:

Theodore A. Purington, Sr.

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

Thomas L. Purington

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

James P. Purington

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

Theodore A. Purington, Jr.

P. O. Box 1140

Brunswick Road

Gardiner, ME 04345

<sup>\*</sup>Until Successors are duly elected and approved.

Misk 794

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

FEB 1 3 1992

| Corporate ID           | 9954 <u>275</u>                     | Annual Report for the year                                    | 155                                  |
|------------------------|-------------------------------------|---------------------------------------------------------------|--------------------------------------|
| FIRST: The na          | me of the corporation is            | #D. Drilling.and Sla                                          | 54-1803Inc                           |
| Second: It is          | incorporated under the laws of      | Maine                                                         |                                      |
| THIRD: Charac          | cter of business, briefly stated, i | is. The drilling and blast                                    | ing of ledge                         |
| related to co          | nstruction projects.                |                                                               |                                      |
|                        | reign corporation, address of its   | s principal office Brunswick Roa                              | d, P.O. Box                          |
| FIFTH: Busines         | s address in Rhode Island           | None                                                          |                                      |
| SIXTH: Names           | and addresses of its directors a    |                                                               | (Attach rider if necessary)          |
| *                      | Director                            |                                                               |                                      |
| ••••••                 | Director                            |                                                               | •••••                                |
| ,                      | Director                            |                                                               |                                      |
| Theodore A. Puri       | ngton, Jr. President                | 134 Cambridge Rd., Bedford,                                   | NH 03102                             |
| James L. Puringto      | on Vice Pres                        | ident 9 Seasons Lane, Londonderr                              | y, NH 03053                          |
| Bryan M. Dench         | Secretary                           | 95 Main St., P.O. Box 3200,                                   | Auburn, ME 04212-3200                |
| william D. Puring      | ton Vice Pr                         | RR #2, Box 527A, Gardiner,<br>es. P.O. Box 1225, Gardiner, ME | ME 04345<br>04345                    |
| SEVENTH: Num           | iber of Shares authorized:          |                                                               | Par Value<br>or statement that       |
| No of Shares<br>10,000 | Class<br>Common                     | Series<br>None                                                | shares are without par value  No Par |
| Еюнти: Numb            | per of Shares issued:               | Rec'd & Piled APR OR 1992                                     | Par Value<br>or statement that       |
| No of Shares           | Class                               | Series                                                        | shares are without<br>par value      |
| 2,000                  | Common                              | None                                                          | No Par                               |
| Dated April            | 3 /19 43                            | MD Drilling and Blasting, Inc                                 |                                      |

(Report must be signed by an officer)