



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 8424		2. Exact name of the Corporation New England Rock Services, Inc.								
3. Principal office address 31 Gray Lane PO Box 488			City Ashaway	State RI	Zip 02804					
4. Business Phone No. 401-377-2700		5. State of Incorporation RI								
6. Brief description of the character of business conducted in Rhode Island Drilling and blasting subcontracting & hydraulic rock splitting										
President Name Jeffrey J Gilman			Vice-President Name Jeffrey J Gilman							
Street Address 31 Gray Lane PO Box 488			Street Address 31 Gray Lane PO Box 488							
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804					
Secretary Name Jeffrey J Gilman			Treasurer Name Jeffrey J Gilman							
Street Address 31 Gray Lane PO Box 488			Street Address 31 Gray Lane PO Box 488							
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804					
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE INSTRUCTIONS FOR ATTACHMENT)										
Director Name Jeffrey J Gilman			Director Name John A Gilman							
Street Address 31 Gray Lane PO Box 488			Street Address PO Box 488							
City Ashaway	State RI	Zip 02804	City Hope Valley	State RI	Zip 02832					
Director Name Diane A Gilman			Director Name none							
Street Address PO Box 488			Street Address							
City Hope Valley	State RI	Zip 02832	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)							
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						100	Common	None		

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

MAR 16 2012

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.

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

By MNC
CR# 4445

Signature of Authorized Representative Jeffrey J Gilman Date 3/15/12
 President
 Print or Type Name of Authorized Representative