



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 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. NAICS Code 235900		6. Brief description of the character of business conducted in Rhode Island Drilling & Blasting, Rock Splitting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey J Gilman			Vice-President Name Jeffrey J Gilman		
Street Address 12 Evans Lane			Street Address 12 Evans Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Jeffrey J Gilman			Treasurer Name Jeffrey J Gilman		
Street Address 12 Evans Lane			Street Address 12 Evans Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey J Gilman			Director Name Diane A Gilman		
Street Address 12 Evans Lane			Street Address PO Box 488		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No par
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 Jeffrey J Gilman				Date 1/30/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 01 2019

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FORM 630 - Revised: 10/2017