State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation
8424	New England Rock Services Inc.

3. Principal Office Address	City	State	Zip
31 Gray Lane PO Box 488	Ashaway	RI	02804

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
235900	Drilling & Blasting, Rock Splitting
5. State of Incorporation: RI	

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

President Name	Street Address	City	State	Zip
Jeffrey J Gilman	12 Evans Lane	Hope Valley	RI	02832

Vice-President Name	Street Address	City	State	Zip
Jeffrey J Gilman	12 Evans Lane	Hope Valley	RI	02832

Secretary Name	Street Address	City	State	Zip
Jeffrey J Gilman	12 Evans Lane	Hope Valley	RI	02832

Treasurer Name	Street Address	City	State	Zip
Jeffrey J Gilman	12 Evans Lane	Hope Valley	RI	02832

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

Director Name	Street Address	City	State	Zip
Jeffrey J Gilman	12 Evans Lane	Hope Valley	RI	02832

Director Name	Street Address	City	State	Zip
Diane A Gilman	PO Box 488	Hope Valley	RI	02832

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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. 600	100	Common	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	Date
Jeffrey J Gilman	1/30/19

Signature of Authorized Representative: Jeffrey J Gilman — SIGN DOCUMENT HERE

FILED

FEB 01 2019

BY 5048 05

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