



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.

1. Entity ID Number 25941		2. Exact name of the Corporation Western Mass Blasting Corp.												
3. Principal Office Address 12 Evans Lane PO Box 488			City Hope Valley	State RI	Zip 02832									
4. NAICS Code 238990 23111		6. Brief description of the character of business conducted in Rhode Island Drilling & Blasting												
5. State of Incorporation MA														
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 James L. Silva											
Street Address 12 Evans Lane			Street Address 13 Jenks Road											
City Hope Valley	State RI	Zip 02832	City Foster	State RI	Zip 02825									
Secretary Name Roland E. Normandin			Treasurer Name Jeffrey J Gilman											
Street Address 1054 Old West Brookfield Road			Street Address 12 Evans Lane											
City West Brookfield	State MA	Zip 01585	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												
7500		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	Common	No Par												
Changes require an additional filing.														
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														

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

FILED

FEB 01 2019

BY 10368 OS

FORM 630 - Revised: 10/2017