



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
JUN 04 2021 **STAMP**

BY H. O. G. C.

FOR SECRETARY OF STATE
 USE ONLY

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 235900		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 Normandin			Treasurer Name Jeffrey 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 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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing. 7500			NUMBER OF SHARES 10	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 6/1/21	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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