



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

Annual Report for the year:
Corporation

2021

- 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

11066

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)			
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	City Foster	State RI
Zip 02832		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	City Hope Valley	State RI
Zip 01585		Zip 02832	
8. List ALL directors (names and addresses)			
Director Name Jeffrey Gilman		Director Name Diane A Gilman	
Street Address 12 Evans Lane		Street Address PO Box 488	
City Hope Valley	State RI	City Hope Valley	State RI
Zip 02832		Zip 02832	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing. 7500			
10. Shares Issued			
NUMBER OF SHARES		CLASS/SERIES	
10		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 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
Phone: (401) 222-3040
Website: www.sos.ri.gov