



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BY 24007
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1. Entity ID Number 001692496		2. Exact name of the Corporation Guardian Industrial Products, Inc. of Massachusetts			
3. Principal Office Address 150 Dedham Street			City Norfolk	State MA	Zip 02056
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Industrial floor maintenance			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacqueline A. Hillman			Vice-President Name Jeffrey C. Hillman		
Street Address 150 Dedham Street			Street Address 150 Dedham Street		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
Secretary Name Jeffrey C. Hillman			Treasurer Name Jacqueline A. Hillman		
Street Address 150 Dedham Street			Street Address 150 Dedham Street		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jacqueline A. Hillman			Director Name Jeffrey C. Hillman		
Street Address 150 Dedham Street			Street Address 150 Dedham Street		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			7500	Common	0.00
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 Jacqueline A Hillman				Date 02/10/2022	
Signature of Authorized Representative 					

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: 11/2021