



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024

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1. Entity ID Number 8424		2. Exact name of the Corporation New England Rock Service Inc.			
3. Principal Office Address 31 Gray Lane		City Ashaway		State RI	Zip 02804
4. NAICS Code 235900		6. Brief description of the character of business conducted in Rhode Island Drilling Blasting Rock Splitting			
5. State of Incorporation RI					
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 Jeffrey J Gilman		
Street Address 12 Evans Lane			Street Address 12 Evans Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Jeffrey J Gilman			Treasurer Name Jeffrey J Gilman		
Street Address 12 Evans Lane			Street Address 12 Evans Lane		
City Hope Valley	State RI	Zip 02832	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. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
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 Jeffrey J Gilman				Date 2/9/24	
Signature of Authorized Representative 					

MAIL TO:
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