



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 109603		2. Exact name of the Corporation ALL-STEEL STRUCTURES INC.		
3. Principal office address 59 BAYVIEW DR.		City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 401-828-5979		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO CARRY ON AND CONDUCT A GENERAL CONSTRUCTION BUSINESS				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name RAYMOND T PAOLINO			Vice-President Name		
Street Address 59 BAYVIEW DR.			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name RAYMOND T PAOLINO			Treasurer Name		
Street Address 59 BAYVIEW DR.			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name RAYMOND T PAOLINO			Director Name		
Street Address 59 BAYVIEW DR.			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	500	COMMON	NO PAR VALUE

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.

File Date _____

Check No _____

By: CL # 5077 **MAR 01 2012** Raymond T Paolino **02/23/2012**

Signature of Authorized Representative _____ Date _____

RAYMOND T PAOLINO

Print or Type Name of Authorized Representative