



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 2015

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. 792206		2. Exact name of the Corporation Stone Bridge Iron and Steel, Inc.			
3. Principal office address 426 Purinton Road		City Gansevoort	State NY	Zip 12831	
4. Business Phone No. 518-695-3752		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Structural steel fabrication sales and erection					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian B Carmer			Vice-President Name Britt D Carmer		
Street Address 13 Carlyle Terrace			Street Address 2 Blueberry Way		
City Saratoga Springs	State NY	Zip 12866	City Saratoga Springs	State NY	Zip 12866
Secretary Name Nancy H Carmer			Treasurer Name Lori J Carmer		
Street Address 103 Fieldstone Drive			Street Address 13 Carlyle Terrace		
City Gansevoort	State NY	Zip 12831	City Saratoga Springs	State NY	Zip 12866
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brian B Carmer			Director Name		
Street Address 13 Carlyle Terrace			Street Address		
City Saratoga Springs	State NY	Zip 12866	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) <input type="checkbox"/>		
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
			200	Common	\$170.78

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 20 2015

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.

Signature of Authorized Representative

Date

BY 8004 Lori J. Carmer
 Print or Type Name of Authorized Representative