

## 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

. Entity ID No. 104812	The state of the s	Exact name of the Corporation  Steeltex Corp.			
3. Principal office address 1155 Westminster Street			City <b>Providence</b>	State RI	Zip <b>02909</b>
4. Business Phone No.			5. State of Incorporation  Rhode Island		
		s conducted in Rhode Islar ng all kinds of real e			
	NAMES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)		
President Name Lindsay M. Ahlborg			Vice-President Name Jean E. Ahlborg		
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street		
ity Providence	State <b>RI</b>	Zip <b>02909</b>	City Providence	State RI	Zip <b>02909</b>
Secretary Name Lindsay M. Ahlborg			Treasurer Name Lindsay M. Ahlborg		
Street Address 1155 Westminster Street			Street Address 301 Knight Street		
ity Providence	State <b>RI</b>	Zip <b>02909</b>	City Providence	State <b>RI</b>	Zip <b>02909</b>
	(NAMES AND ADD	RESSES) ("X" BOX FOR			
irector Name Lindsay M. Ahlborg			Director Name Jean E. Ahlborg		
treet Address			Street Address		
same as above			same as above		
ty	State	Zip	City	State	Zip
rector Name			Director Name		
reet Address			Street Address		
ty	State	Zip	City	State	Zip
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
nis Information is currently of record in the Office of the Secretary State. Changes require an additional filing. see Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par Value
his report must be execut	ted on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hand	ls of a receiver or trustee
	this report mus	st be executed by betalite.	the corporation by the r	eceiver or trustee.	
ile Date		FILED	this report, includi	erjury, I declare and affi ng any accompanying s	schedules and statemer
Check No	<del></del>	FEB 1 7 201	and that all statem	ents contained herein a	Te true and correct.
Ву:	R\	126666	Signature of Author	ized Depresentative	Date
FOR SECRETARY OF STATE USE ONLY			Lindsay M. Ahlborg, President		
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Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative