

Revised: 01/2012

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.

1. Entity ID No.		2. Exact name of the Corporation				
60009	Lapha	Lapham-Hickey Steel Corp.				
3. Principal office address 5500 W 73rd St			City Chicago	State IL	Zip 60638	
4. Business Phone No. 708-496-6119			5. State of Incorporation Illinois			
6. Brief description of the ch Selling various grad	laracter of busines les of steel	ss conducted in Rhode Isla	nd			
7. LIST <u>ALL</u> OFFICERS (N	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
William Hickey Jr.			Vice-President Name Jeffrey Hobson			
Street Address 5500 W 73rd St			Street Address 5500 W 73rd St			
City Chicago	State IL	Zip 60638	City Chicago	State IL	Zip 60638	
Secretary Name Robert Piland			Treasurer Name Robert Piland			
Street Address 5500 W 73rd St			Street Address 5500 W 73rd St			
City Chicago	State IL	Zip 60638	City State IL		Zip 60638	
LIST ALL DIRECTORS (N	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
William Hickey Jr.			Director Name Stephen W Ford			
Street Address 5500 W 73rd St			Street Address 5500 W 73rd St			
city Chicago	State IL	Zip 60638	City Chicago	State	Zip 60638	
Propert Piland			Director Name NONE			
treet Address 5500 W 73rd St			Street Address			
ity Chicago	State	Zip 60638	City	State Zip		
SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT)	
nis information is currently of record in the Office of the Secretary State. Changes require an additional filing. ee Section 9 of instruction sheet.		Office of the Court	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		2259	Common	10.00		
his report must be executed	on behalf of the c	corporation by an authorized t be executed on behalf of	d representative. If the	corporation is in the hand	s of a receiver or trustee	
File Date		violutou dii udilali di :	Under penalty of p	eceiver or trustee. Priury, I declare and affii	rm that I have evemine	
neck No FILED		this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.				
Ву:		-	Signature of Authorized Representative Date Robert Piland, CFO			
OR SECRETARY OF STAT	E USE ONLY	MAR 0 6 2015 /	Robert Piland,	CFO / CTC COV		
m No. 630		117170 1111		of Authorized Representa	utive	