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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number	2. Exact nar	2. Exact name of the Corporation					
60009		LAPHAM HICKEY STEEL CORP.					
3. Principal Office Address			City		State	Zip	
5500 W 73rd St			Chicago		IL	60638	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
42 - Wholesale Trade	Metal Serv	Metal Service Centers and Other Metal Merchant Wholesalers					
5. State of Incorporation ILLINOIS							
7. List ALL officers (names an	d addresses)			Check	the box to i	ndicate an attachment	
President Name William Hicke	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	^{Zip} 60638	City Chicago			^{Zip} 60638	
Secretary Name Brian Hickey			Treasurer Name Brian Hickey				
Street Address 5500 W 73rd St			Street Address 5500 W 73rd St				
^{City} Chicago	State IL	^{Zip} 60638	City Chicago		State IL	^{Zip} 60638	
8. List ALL directors (names a	nd addresses)			Check	the box to i	ndicate an attachment	
Director Name William Hickey Jr.			Director Name	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 IL.	^{Zip} 60638	
Director Name Robert Piland			Director Name				
Street Address 5500 W 73rd St			Street Address	3		- 	
^{City} Chicago	State IL.	^{Zip} 60638	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
9. Shares Authorized	10. Shares Issi		sued	ed Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		2217		COMMON		\$10,00	
11. This report must be execut	ed on behalf of the	corporation by an a	authorized repres	entative. If the corpo	ration is in	the hands of a receiver or	
trustee, this report must be exe Under penalty of perjury, I de							
statements, and that all state	ements contained			nciuding any accon	npanying s	cnequies and	
Name of Authorized Represent Arthur Transcript Free Michael Pilarczyk, CFO	tative				Date	27/2017	
Signature of Authorized Repre-				<u>En</u>	< /	- 1/201)	
By: Dulant Pola	VEFO.		FIL	ED V			
	/		MAD ()	2 2047			

Division of Business Services

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