State of Rhode Islan and Providence Plantations
Department of State - Business Services Division
Annual Report for the year:
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 name of the Corporation								
1 1/00/23	STANDARD INDUSTRIAL STRUCTURES CORP								
3. Principal Office Address				City			State	Zip	
2665 WESTHOLLOW				HOUSTON		TX	77082		
4. Business Phone Number				5. State of Incorporation					
281-531-2800				TX					
6. Brief description of the character of business conducted in Rhode Island									
STEEL BUILDINGS									
7. List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name				Vice-President Name					
JEFFREY P. KUNZ				JERRY C. DURBIN, JR.					
Street Address				Street Address					
14531 TIVOLI				4403 CANDLEWOOD PARK LANE					
City	State	Zip		City	ity			Zip	
HOUSTON	TX	77077		KATY		TX		77494	
Secretary Name				Treasurer Name					
DANA PLOCHECK									
Street Address				Street Address					
2665 WESTHOLLOW									
City	State	Zip		City		State		Zip	
HOUSTON	TX	77082							
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name				Director Name					
Street Address				Street Address					
Olioti / Iddioso				W. 1001.					
City	State Z		Zip		City			Zip	
					Sta			'	
9. Shares Authorized		10. Sh	10. Shares Issued		Check the box to indicate an a			attachment	
This information is currently of record in the Department of State.			NUMBER OF SH		IARES CLASS/SERIE		ES PAR VALUE		
			1050		A		1		
Changes require an additional filing.			1030						
11. 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.									
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.									
Name of Authorized Representative									
Signature of Authorized Representative									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



MAG 1 3 2017

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