RI SOS Filing Number: 201861479260 Date: 4/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1.4

→ Filing Fee: \$50.00

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

→ Penarry: Additional \$25.00 to	ee ii ioiiii is iioi Z	ied by April 1.						
Entity ID Number	2 Exact name of the Corporation							
157407	157407 STEEL CONSULTING, INC. Principal OLide Address 25 TRINITY PARKWAY PROVIDENCE RI 02908							
3 Principal OLide Address	City	<del></del> -	State	Zıp				
25 TRINITY PARKWAY			PROVIT	DENCE	RI	02908		
4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
54/690 CONSULTING								
5. State of Incorporation	1							
R1								
7. List ALL of ders (names and addresses)  Check the box to indicate an attachment								
President Name			Vice-President Name					
JAMES STEEL			Chroat Address					
Street Address S PARKWAY STRINITY PARKWAY				Street Address				
City		Zip 000	City		State	Zip		
PROVIDENCE	State	02908						
Secretary Name	. , ,,	<u> </u>	Treasurer Name					
Street Address			Street Address					
	Ta:	T	0.1	<del> </del>	Trate	I7io		
City	State	Zip	City		State	Zip		
8. List ALL directors (names and a	ddresses)	· · · · · · · · · · · · · · · · · · ·		Check t	he box to in	ndicate an attachment 🔲		
Director Name			Director Name					
Street Address			Street Address					
	Tours	Tesa	City		State	Zip		
City	State	Zip	City		State			
Director Name			Director Name					
Street Address			Street Address					
C#1	State	Zıp	City		State	Zip		
City	State	2.10						
9. Shares Authorized	10 Shares Issued							
This information is currently of reco	rd in the	d in the NUMBER OF SHA		" 6 +6				
Department of State.		1500		COMMO	( )	# <i>(</i> ),∞		
Changes require an additional ¿ling.				<u> </u>	13.7			
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 aliam 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								
JAMES STEEL 3/27/18								
Signature of Authorized Represent	Signature of Authorized Representative							
SIGN DOCUMENT HERE								

MAIL TO Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone (401) 222-3040 Website, www.sos.ri.gov

FILED

FORM 630 - Revised: 10/2017