



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

STAMP

FOR

→ 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 000522412		2. Exact name of the Corporation New England Steel, Inc.												
3. Principal Office Address 1655 Elmwood Avenue, Unit 43			City Cranston	State RI	Zip 02910									
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island Steel fabrication												
5. State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐									
President Name Michele Perretta			Vice-President Name											
Street Address 380 Pippin Orchard Road			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐									
Director Name Michele Perretta			Director Name											
Street Address 380 Pippin Orchard Road			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		\$0.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100		\$0.01												
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 Michele Perretta					Date Aug. 14, 2018									
Signature of Authorized Representative <i>Michele Perretta</i> SIGN DOCUMENT HERE FILED														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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