RI SOS Filing Number: 201985151840 Date: 1/24/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |  | FD |
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JAN · 2 4 2019

BY\_\_\_\_\_

| Entity ID Number   | 2. Exact nan        | ne of the Corporatio   | n                   |   |                |                            |  |  |
|--|---------------------|--|---------------------|---|----------------|----------------------------|--|--|
| 000760700  | SW REB              | SW REBAR, INC.   |                     |   |                |                            |  |  |
| 3. Principal Office Address  |                     |  | City                |   | State          | Zıp                        |  |  |
| 113A East Killingly Road   |                     |  | Foster              |   | RI             | 02825                      |  |  |
| 4. NAICS Code  | 6. Brief desc       | Brief description of the character of business conducted in Rhode Island |                     |   |                |                            |  |  |
| 541330   | Engineerin          | Engineering Company  |                     |   |                |                            |  |  |
| 5. State of Incorporation  |                     | 7  |                     |   |                |                            |  |  |
| RI   | ļ                   |  |                     |   |                | į                          |  |  |
| 7. List ALL officers (names and  | addresses)          |  |                     | Check                                   | the box to in  | ndicate an attachment 🔲    |  |  |
| President Name Steven E. Wetzel  |                     |  | Vice-President Name |   |                |                            |  |  |
| Street Address 113A East Killingly Road  |                     |  | Street Address      |   |                |                            |  |  |
| <sup>City</sup> Foster   | State RI            | <sup>Zıp</sup> 02825   | City State          |   | State          | Zip                        |  |  |
| Secretary Name Denise A. Wetzel  |                     | Treasurer Name Steven E. Wetzel  |                     |   |                |                            |  |  |
| Street Address 113A East Killingly Road  |                     | Street Address 113A East Killingly Road                                  |                     |   |                |                            |  |  |
| City Foster  | State RI            | Zıp 02825  | City Foster         |   | State RI       | <sup>Zip</sup> 02825       |  |  |
| 8. List ALL directors (names an  | d addresses)        |  |                     | Chec                                    | k the box to i | ndicate an attachment      |  |  |
| Director Name  |                     |  | Director Name       | !                                       |                |                            |  |  |
| Street Address   |                     |  | Street Address      |   |                |                            |  |  |
| City   | State               | Zip  | City                |   | State          | Zip                        |  |  |
| Director Name  |                     | Director Name  |                     |   |                |                            |  |  |
| Street Address   |                     |  | Street Address      |   |                |                            |  |  |
| City   | State               | Zıp  | City                |   | State          | Zip                        |  |  |
| 9 Shares Authorized  | <del></del>         | 10. Shares Is:   | sued                | Check the box to indicate an attachment |                |                            |  |  |
| This information is currently of i   | record in the       | NUV9ER C   |                     |   | PAR VALUE      |                            |  |  |
| Department of State.   |                     | 100  | 100                 |   |                | No Par Value               |  |  |
| Changes require an additional fi   | ling.               |  |                     |   | 1:             |                            |  |  |
| 11. This report must be executi  | ed on behalf of th  | e corporation by an  | authorized repres   | sentative. If the corp                  | oration is in  | the hands of a receiver or |  |  |
| trustee, this report must be exe   | ecuted on behalf of | of the corporation by  | the receiver or tr  | rustee.                                 |                | ahadulaa and               |  |  |
| 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 Date   |                     |  |                     |   |                |                            |  |  |
| Steven E. Wetzel   |                     |  |                     |   |                |                            |  |  |
| Signature of Authorized Repre-   | sentative           | SIGN OC  | CUMENT HERE         |   |                | 7                          |  |  |
|  |                     | SIGIV DC   |                     |   |                |                            |  |  |

MAIL TO:

Division of Business Services

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

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