



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.

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1. Entity ID Number 102614		2. Exact name of the Corporation RAVIN STEEL, INC.			
3. Principal Office Address 49 FARNUM STREET			City TIVERTON	State RI	Zip 02878
4. NAICS Code 238120		6. Brief description of the character of business conducted in Rhode Island BUYING, SELLING, EXCHANGING, ERECTING AND INSTALLING STEEL AND STEEL RELATED PRODUCTS AND ANY OTHER ASPECTS CONNECTED WITH THE INSTALLATION OF STEEL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JILL ST. OURS			Vice-President Name JILL ST. OURS		
Street Address 49 FARNUM STREET			Street Address 49 FARNUM STREET		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name JILL ST. OURS			Treasurer Name JILL ST. OURS		
Street Address 49 FARNUM STREET			Street Address 49 FARNUM STREET		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JILL ST. OURS			Director Name		
Street Address 49 FARNUM STREET			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 JILL ST. OURS					Date
Signature of Authorized Representative <i>Jill St Ours</i>					FILED

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

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FORM 630 - Revised: 10/2017