



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: **2019**  
 Limited Liability Company

2019 OCT 21 PM 1:21

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>127214</b>		2. Exact name of the Limited Liability Company <b>The Ryerson Company, LLC</b>			
3. NAICS Code <b>999999</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO ACT AS A GENERAL PARTNER TO A LIMITED PARTNERSHIP</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>C/O EDWARD MITCHELL RYERSON, 12 UPTON STREET</b>		City <b>CAMBRIDGE</b>	State <b>MA</b>	Zip <b>02139</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>EDWARD MITCHELL RYERSON</b>		Contact Title <b>MANAGER</b>			
Street Address <b>12 UPTON STREET</b>		City <b>CAMBRIDGE</b>	State <b>MA</b>	Zip <b>02139</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>EDWARD MITCHELL RYERSON</b>		Manager Name <b>SUSAN MOON</b>			
Street Address <b>12 UPTON STREET</b>		Street Address <b>1631 GRANT STREET</b>			
City <b>CAMBRIDGE</b>	State <b>MA</b>	Zip <b>02139</b>	City <b>BERKELEY</b>	State <b>CA</b>	Zip <b>94703</b>
Manager Name <b>NORA RYERSON</b>		Manager Name <b>FRANCES SHAW</b>			
Street Address <del>1604 DELAWARE STREET</del> <b>124 East Lupita</b>		Street Address <del>7445 GRITTENDEN STREET</del> <b>1631 Grant St</b>			
City <b>BERKELEY</b>	State <b>CA</b>	Zip <b>94703</b>	City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip <b>19119</b>
<b>Santa Fe</b>	<b>NM</b>	<b>87505</b>	<b>Berkeley</b>	<b>CA</b>	<b>94703</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>EDWARD MITCHELL RYERSON</b>				Date <b>10/13/19</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

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BY CK 096m1

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MAIL TO:  
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