



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

Annual Report for the year: **2020**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

JAN 30 2020 02

28229

1. Entity ID Number 000760700		2. Exact name of the Corporation SW REBAR, INC.			
3. Principal Office Address 113A East Killingly Road			City Foster	State RI	Zip 02825
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Engineering Company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven E. Wetzel			Vice-President Name		
Street Address 113A East Killingly Road			Street Address		
City Foster	State RI	Zip 02825	City	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	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		100		Common	No 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 Steven E. Wetzel					Date 1-24-20
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov