State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 03 2020

BY 4474

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.

1. Entity ID Number	2. Exact name of the Corporation
000275237	STEEL CONSTRUCTION, INC.

3. Principal Office Address	City	State	Zip
41 South Killingly Road	Foster	RI	02825

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238120	STEEL ERECTION CONTRACTING, DESIGN, & RELATED RESIDENTIAL AND COMMERCIAL CONTRACTING ACTIVITIES
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: RICHARD T. DOBBS			Vice-President Name: RICHARD T. DOBBS		
Street Address: 41 South Killingly Road			Street Address: 41 South Killingly Road		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825
Secretary Name: RICHARD T. DOBBS			Treasurer Name: RICHARD T. DOBBS		
Street Address: 41 South Killingly Road			Street Address: 41 South 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 ☐

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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100 SHARES	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	Date
RICHARD T. DOBBS	01 - 31 - 20

Signature of Authorized Representative: R DOBBS

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

FORM 630 - Revised: 10/2017