



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 000127214

**2. Exact Name of the Limited Liability Company** THE RYERSON COMPANY, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ACT AS A GENERAL PARTNER TO A LIMITED PARTNERSHIP.

**5. Principal Office Address**

No. and Street: 12 UPTON STREET

City or Town: CAMBRIDGE

State: MA

Zip: 02139

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: EDWARD MITCHELL RYERSON Contact Title: MANAGER

No. and Street: 12 UPTON STREET

City or Town: CAMBRIDGE

State: MA

Zip: 02139

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SUSAN MOON	1631 GRANT STREET BERKELEY, CA 94703- USA
MANAGER	EDWARD MITCHELL RYERSON	12 UPTON STREET

		CAMBRIDGE, MA 02139 USA
MANAGER	NORA RYERSON	124 EAST LUPITA SANTA FE, NM 87505 USA
MANAGER	FRANCES SHAW	1631 GRANT STREET BERKELEY, CA 94703 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

A. MAX KOHLENBERG, ESQ. HOWLAND EVANGELISTA KOHLENBERG LLP ONE FINANCIAL PLAZA,  
SUITE 2200 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 5 Day of October, 2020 at 10:03:46 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EDWARD MITCHELL RYERSON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved