



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 BUS SVCS DIV

2021 JAN 14 A 9 23

1. Entity ID Number <u>001671489</u>		2. Exact name of the Limited Liability Company <u>Jackson Steel Erectors, LLC</u>			
3. NAICS Code <u>237130</u>		4. Brief description of the character of business conducted in Rhode Island <u>Tower modification contractor</u>			
5. State of Formation <u>OH</u>					
6. Principal Office Address <u>5083 Leno New-Lyme Rd</u>			City <u>Jefferson</u>	State <u>OH</u>	Zip <u>44047</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Benjamin Jackson</u>			Contact Title <u>President</u>		
Street Address <u>P.O. BOX 253</u>			City <u>Rock Creek</u>	State <u>OH</u>	Zip <u>44084</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person <u>Benjamin Jackson</u>				Date <u>1/12/2021</u>	
Signature of Authorized Person 					

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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