



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

'APR 04 2022

BY 4714

1. Entity ID Number 000067248		2. Exact name of the Corporation Pyramid Steel, Inc.			
3. Principal Office Address 138 Plain Woods Road			City Foster	State RI	Zip 02825
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island Detailing and reinforced concrete, including, but not limited to estimates.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edmund F. Wetzel			Vice-President Name Alesia J. Payne		
Street Address 52 Quail Hollow Road			Street Address 138 Plain Woods Road		
City Cranston	State RI	Zip 02920	City Foster	State RI	Zip 02825
Secretary Name Alesia J. Payne			Treasurer Name Edmund F. Wetzel		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edmund F. Wetzel			Director Name		
Street Address Same			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	
		1,000	Common	No Par	
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 Edmund F. Wetzel				Date 3-21-22	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov