

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 1 4 2023	STAMP
1000m	statim sign

1. Entity ID Number	2. Exact name of the Corporation								
000275237	Steele Construction, Inc								
Principal Office Address			City	•	State		Zip		
600 Jackson Ridge Road					TN		37879		
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island							
238120	Steel erection contracting, design & related residential and commercial								
5. State of Incorporation	contracting activities								
Rhode Island									
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name Richard T. Do				Vice-President Name Richard T. Dobbs					
Street Address 600 Jackson Ridge Road			Street Address 600 Jackson Ridge Road						
City Tazewell	State TN	<sup>Zip</sup> 37879		City Tazewell			<sup>Zip</sup> 37879		
Richard T. Dobbs			Treasurer Name Richard T. Dobbs						
Street Address 600 Jackson Ridge Road		Street Address 600 Jackson Ridge Road							
City Tazewell	State TN	<sup>Zip</sup> 37879	City Tazewell		State TN		<sup>Zip</sup> 37879		
8. List ALL directors (names and	addresses)		•	Check t	he box to i	ndicate a	n attachment 🔲		
Director Name			Director Name	•					
Street Address			Street Address						
City	State	Zip	City		State		Zıp		
Director Name			Director Name						
Street Address Street Address									
City	State	Zip	City	<del></del>	State		Zıp		
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF SHARES			CLASS/SERIES PAR VALUE				
Department of State.		100 Shares		Common	Common		No Par Value		
Changes require an additional filing.									
11. This report must be executed	on behalf of the	corporation by an a	uthorized repres	I sentative If the coroor	ation is in	the hands	s of a receiver or		
trustee, this report must be execu	ted on behalf of	the corporation by	the receiver or tr	rustee.					
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					02-02-2023				
Signature of Authorized Representative)									
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov