



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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 APR 11 AM 11:43

1. Entity ID Number <u>1718591</u>		2. Exact name of the Corporation <u>Remington Steel, Inc.</u>	
3. Principal Office Address <u>60 Hill Rd</u>		City <u>Harrisville</u>	State <u>RI</u>
		Zip <u>02830</u>	
4. NAICS Code <u>236118</u>	6. Brief description of the character of business conducted in Rhode Island <u>Iron work construction</u>		
5. State of Incorporation <u>RI</u>	Erecting Steel Buildings		
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Jacob McPherson</u>		Vice-President Name <u>Wayne McPherson</u>	
Street Address <u>930 Lapham Farm Rd</u>		Street Address <u>60 Hill Rd</u>	
City <u>Mapleville</u>	State <u>RI</u>	City <u>Harrisville</u>	State <u>RI</u>
Zip <u>02839</u>		Zip <u>02830</u>	
Secretary Name <u>None</u>		Treasurer Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<u>None</u>	<u>None</u>
			<u>None</u>
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. <b>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.</b>			
Name of Authorized Representative <u>Wayne McPherson</u>		Date <u>4.6.23</u>	
Signature of Authorized Representative <u>Wayne McPherson</u>			

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

FILED  
 APR 07 2023  
 BY GM 830B  
AA 11:45 AM  
 FORM 830 - Revised: 2/2023