



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

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

MAR 12 2024

BY 0558
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1. Entity ID Number 000014283		2. Exact name of the Corporation K. O. Steel Construction, Inc.			
3. Principal Office Address 202 Danielson Pike			City North Scituate	State RI	Zip 02857
4. NAICS Code 237990		6. Brief description of the character of business conducted in Rhode Island General Fabrication, Steel Title: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kent Ormondroyd			Vice-President Name Alan Ormondroyd		
Street Address 1202 Danielson Pike			Street Address 5080 Flat River Road		
City North Scituate	State RI	Zip 02857	City Coventry	State Ri	Zip 02827
Secretary Name Denise Battey			Treasurer Name Kent Ormondroyd		
Street Address 429 Angell Road			Street Address 1202 Danielson Pike		
City Lincoln	State RI	Zip 02865	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kent Ormondroyd			Director Name Alan Ormondroyd		
Street Address 1202 Danielson Pike			Street Address 5080 Flat River Road		
City North Scituate	State RI	Zip 02857	City Coventry	State RI	Zip 02827
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES 127	CLASS/SERIES CNP	PAR VALUE 0.00
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 Robert E. Craven				Date 2/26/24	
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.n.gov