



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			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
			127	CNP	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.					
<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 Robert E. Craven				Date 2/26/24	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.n.gov