



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

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.

MAR 29 2024
BY 33848 DS

1. Entity ID Number 000104812		2. Exact name of the Corporation STEELTEX CORP.			
3. Principal Office Address 1155 Westminster Street			City Providence	State RI	Zip 02909
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Buying, selling, renting and leasing all kinds of real estate.			
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 Lindsay W. Ahlborg			Vice-President Name Jean E. Ahlborg		
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Lindsay W. Ahlborg			Treasurer Name Lindsay W. Ahlborg		
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lindsay W. Ahlborg			Director Name Jean E. Ahlborg		
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued <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
		200		Common	No Par Value
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 Lindsay W. Ahlborg, President					Date 3/21/2024
Signature of Authorized Representative <i>Lindsay W. Ahlborg, President</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov