



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.

MAY 01 2024
7376

1. Entity ID Number 102614		2. Exact name of the Corporation RAVIN STEEL, INC.	
3. Principal Office Address 49 FARNUM STREET		City TIVERTON	State RI
		Zip 02878	
4. NAICS Code 238120	6. Brief description of the character of business conducted in Rhode Island		
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 JILL ST. OURS		Vice-President Name JILL ST. OURS	
Street Address 49 FARNUM STREET		Street Address 49 FARNUM STREET	
City TIVERTON	State RI	City TIVERTON	State RI
Zip 02878		Zip 02878	
Secretary Name JILL ST. OURS		Treasurer Name JILL ST. OURS	
Street Address 49 FARNUM STREET		Street Address 49 FARNUM STREET	
City TIVERTON	State RI	City TIVERTON	State RI
Zip 02878		Zip 02878	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JILL ST. OURS		Director Name	
Street Address 49 FARNUM STREET		Street Address	
City TIVERTON	State RI	City	State
Zip 02878		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 100	CLASS/SERIES COMMON
		NO PAR	
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. <i>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.</i>			
Name of Authorized Representative JILL ST. OURS		Date 5 / 24 / 2024	
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.ri.gov