



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

MAY 01 2024  
7376

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|  |   |   |                                      |                       |              |
|--|---|---|--------------------------------------|-----------------------|--------------|
| 1. Entity ID Number<br>102614  |   | 2. Exact name of the Corporation<br>RAVIN STEEL, INC.   |                                      |                       |              |
| 3. Principal Office Address<br>49 FARNUM STREET  |   | City<br>TIVERTON  |                                      | State<br>RI           | Zip<br>02878 |
| 4. NAICS Code<br>238120  | 6. Brief description of the character of business conducted in Rhode Island |   |                                      |                       |              |
| 5. State of Incorporation<br>RHODE ISLAND  |   |   |                                      |                       |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                                      |                       |              |
| President Name<br>JILL ST. OURS  |   |   | Vice-President Name<br>JILL ST. OURS |                       |              |
| Street Address<br>49 FARNUM STREET   |   |   | Street Address<br>49 FARNUM STREET   |                       |              |
| City<br>TIVERTON   | State<br>RI   | Zip<br>02878  | City<br>TIVERTON                     | State<br>RI           | Zip<br>02878 |
| Secretary Name<br>JILL ST. OURS  |   |   | Treasurer Name<br>JILL ST. OURS      |                       |              |
| Street Address<br>49 FARNUM STREET   |   |   | Street Address<br>49 FARNUM STREET   |                       |              |
| City<br>TIVERTON   | State<br>RI   | Zip<br>02878  | City<br>TIVERTON                     | State<br>RI           | Zip<br>02878 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                                      |                       |              |
| Director Name<br>JILL ST. OURS   |   |   | Director Name                        |                       |              |
| Street Address<br>49 FARNUM STREET   |   |   | Street Address                       |                       |              |
| City<br>TIVERTON   | State<br>RI   | Zip<br>02878  | City                                 | State                 | Zip          |
| Director Name  |   |   | Director Name                        |                       |              |
| Street Address   |   |   | Street Address                       |                       |              |
| City   | State   | Zip   | City                                 | State                 | Zip          |
| 9. Shares Authorized <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.<br><br>Changes require an additional filing.   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                      |                       |              |
|  |   | NUMBER OF SHARES  |                                      | CLASS/SERIES          |              |
|  |   | 100   |                                      | 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.<br><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<br>JILL ST. OURS   |   |   |                                      | Date<br>5 / 24 / 2024 |              |
| Signature of Authorized Representative<br>   |   |   |                                      |                       |              |

MAIL TO:  
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