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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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 001691872 | Northeast Steel Corporation, Inc. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 610 Ten Road Road | North Kingstown | RI | 02852 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 238120 | structural steel contractor |
| 5. State of Incorporation | |
| Rhode Island | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| W. Brian Nerney | | | W. Brian Nerney | | |
| Street Address: 610 Ten Road Road | | | Street Address: 610 Ten Road Road | | |
| City: North Kingstown | State: RI | Zip: 02852 | City: North Kingstown | State: RI | Zip: 02852 |
| **Secretary Name** | | | **Treasurer Name** | | |
| W. Brian Nerney | | | W. Brian Nerney | | |
| Street Address: 610 Ten Road Road | | | Street Address: 610 Ten Road Road | | |
| City: North Kingstown | State: RI | Zip: 02852 | City: North Kingstown | State: RI | Zip: 02852 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| W. Brian Nerney | | | | | |
| Street Address: 610 Ten Road Road | | | Street Address: | | |
| City: North Kingstown | State: RI | Zip: 02852 | City: | State: | Zip: |
| **Director Name** | | | **Director Name** | | |
| | | | | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 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.

***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 | Date |
|---|---|
| W. Brian Nerney | 4/4/2024 |

Signature of Authorized Representative

FILED

APR 30 2024
BY 11079

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630 Revised 12/2023