RI SOS Filing Number: 202566629840 Date: 3/4/2025 4:00:00 PM



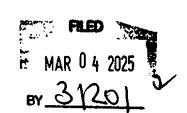
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00



→ Penalty: Additional \$25.00 fe							<u></u>
Entity ID Number	2. Exact name of the Corporation						
000760700	SW REBAR, Inc.						
Principal Office Address	City State						Zip
113A East Killingly Road			Foster		RI		02825
4. NAICS Code	6 Brief docori	ation of the charact		·	L		1
	Brief description of the character of business conducted in Rhode Island						
541330	Engineering Company						
5. State of Incorporation							
Rhode Island							
7 List ALL officers (names and add	lresses)			Check the	box to indi	cate an att	achment 🗆
President Name Steven E. Wetzel			Vice-President Name				
Street Address 113A East Killingly Road			Street Address				
^{City} Foster	State RI	^{Z_{ip}} 02825	City				Zio
Secretary Name Denise A. Wetzel			Treasurer Name Steven E. Wetzel				
Street Address 113A East Killingly Road			Street Address 113A East Killingly Road				
^{City} Foster	State RI	^{Z:p} 02825	^{City} Foster		State	State RI 0282	
8. List ALL directors (names and ad	ddresses)				box to ind	icate an at	achment 🔲
Director Name			Director Na	ame			
Street Address			Street Address				
City	State	Zıp	City		State		Zρ
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	City			Zip
9. Shares Authorized	10. Shares Iss		ued Check the box			dicate an a	tachment [
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF		Crass/series par value			
		100		Common		No Par Value	
		_					
11. This report must be executed o	n behalf of the	corporation by an a	uthorized re	presentative. If the cor	poration is	in the han	ds of a re-
ceiver or trustee, this report must be	e executed on	behalf of the corpor	ration by the	receiver or trustee.			
Under penalty of perjury, I decla				rt, including any acco	ompanyin	g schedul	es and
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Steven E. Wetzel					2/9/25		
Signature of Authorized Represent	ative	-		- · 	2		
				, <u> </u>	-		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.scs.ri.gov