



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 fee if form is not filed by May 31.

REC'D RIDOS BSD
25 APR 15 PM 4:29:08

1. Entity ID Number 001691872		2. Exact name of the Corporation Northeast Steel Corporation, Inc.			
3. Principal Office Address 610 Ten Road Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 238120		6. Brief description of the character of business conducted in Rhode Island 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 W. Brian Nerney			Vice-President Name 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 W. Brian Nerney			Treasurer Name 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 W. Brian Nerney			Director Name		
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 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 ☐		
			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. <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 W. Brian Nerney					Date 3/31/25
Signature of Authorized Representative					

FILED

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

APR 15 2025
BY 11958
FORM 630- Revised 12/2023