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State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation		
000104812	STEELTEX CORP.		
3. Principal Office Address	City	State	Zip
1155 Westminster Street	Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
531390	Buying, selling, renting and leasing all kinds of real estate.		
5. State of Incorporation			
Rhode Island			

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

President Name	Street Address	City	State	Zip
Lindsay W. Ahlborg	1155 Westminster Street	Providence	RI	02909

Vice-President Name	Street Address	City	State	Zip
Jean E. Ahlborg	1155 Westminster Street	Providence	RI	02909

Secretary Name	Street Address	City	State	Zip
Lindsay W. Ahlborg	1155 Westminster Street	Providence	RI	02909

Treasurer Name	Street Address	City	State	Zip
Lindsay W. Ahlborg	1155 Westminster Street	Providence	RI	02909

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

Director Name	Street Address	City	State	Zip
Lindsay W. Ahlborg	1155 Westminster Street	Providence	RI	02909

Director Name	Street Address	City	State	Zip
Jean E. Ahlborg	1155 Westminster Street	Providence	RI	02909

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	Common	No Par Value

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
Lindsay W. Ahlborg, President	5/7/25

Signature of Authorized Representative: Lindsay W. Ahlborg

FILED
MAY 08 2025 AA
BY 1193

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