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L

State of Rhode Island Department of Sta		s Services [	Division	_		5 (A.	, ; <b>;</b>
Annual Report for the year: 2			5.1. (	RECEIVED DEPT. OF STATE 'S SVC3 COM	•		
Corporation —  → Filing period: February 1 - I	May 1		r. Di	S SYCS STATE			
→ Filing Fee: \$50.00			2025 N	WV o			
→ Penalty: Additional \$25.00 fe			102J P	AY -8 All:42			
1. Entity ID Number	2. Exact name of the Corporation STEELTEX CORP.						
000104812	STEELIE	A CORP.	To:		To: :-		T=-
3. Principal Office Address 1155 Westminster Street			1 1	City St Providence F			Zip 02909
4. NAICS Code	C Dainf donnaistic	( )					02909
531390	Brief description of the character of business conducted in Rhode Island						
5. State of Incorporation	Buying, selling, renting and leasing all kinds of real estate.						
Rhode Island							
7. List ALL officers (names and add	resses)			Check the bo	y to indu	rate an att:	chment 🗍
President Name Lindsay W. Ahl			Vice-Presid	fent Name		zate an atte	zament 🗀
Street Address	iborg	<del></del>	Jean E. Ahlborg				
1155 Westminster Street			Street Address 1155 Westminster Street				
<sup>City</sup> Providence	State RI	<sup>Z<sub>ip</sub></sup> 02909	City Prov		State	RI	<sup>Zip</sup> 02909
Secretary Name Lindsay W. Ahlborg			Treasurer Name Lindsay W. Ahlborg				
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02909	City Providence		State RI		<sup>Z<sub>ip</sub></sup> 02909
8. List ALL directors (names and ad	dresses)		Inches	Check the bo	x to indic	cate an atta	achment 🔲
Director Name Lindsay W. Ahlborg		Director Name Jean E. Ahlborg					
Street Address 1155 Westminster Street			Street Address 1155 Westminster Street				
City Providence	State RI	<sup>Z<sub>ip</sub></sup> 02909	City Providence State		State	RI	<sup>Zip</sup> 02909
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State		Zip
9. Shares Authorized		10. Shares Issue	ed	Check the bo	ox to indi	icate an att	tachment [
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		200		Common		No Par Value	
11. This report must be executed or	hehalf of the corr	poration by an au	thorized rec	presentative. If the como	ration is	in the hand	ls of a re-
ceiver or trustee, this report must be Under penalty of perjury, I declar							
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that its contained her	l have examined ein are true and	d this repoi correct	t, including any accom	panying	schedule	s and
Name of Authorized Representative	}				Date		
Lindsay W. Ahlborg, Presi	ident				ーレ	5/	7/25
Signature of Authorized Representa		1/		ru CD		7	
<u> </u>	M. Ury	Mory	-	FILED		·	
MAIL TO: Division of Business Services	<i>J.</i>	/)		MAY 0 8 2025	AH	•	
Phone: (401) 222-3040							
Website: www.sos.ri.gov				BY	<b>-</b> FO	RM 630- Re	vised: 12/202

FORM 630- Revised: 12/2023