RI SOS Filing Number: 201912571930 Date: 8/16/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

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Penalty. Additional \$25.00 fee it form is not filed by April 1.								
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
000522412	New England Steel, Inc.							
3. Principal Office Address		-	City		State	Zip		
1655 Elmwood Avenue, Unit 43	43		Cranston		RI	02910		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
238390	Steel fabrication							
5. State of Incorporation								
RI								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Michele Perretta			Vice-President Name					
Street Address 380 Pippin Orchard Road			Street Address					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City		State	Zip		
Secretary Name	<u></u>	Treasurer Name			•			
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
8. List ALL directors (names and	addresses)			Check t	he box to indi	cate an attachment		
Director Name Michele Perretta		Director Name						
Street Address 380 Pippin Orchard Road		Street Address						
City Cranston	State RI	Zip 02920	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss		Check t	he box to indi	cate an attachment		
This information is currently of rec	ord in the							
Department of State.					\$.01			
Changes require an additional filing	g.		•			-		
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 statem					,, <u>.</u>			
Name of Authorized Representative Date								
Michele Perretta				August 15, 2019				
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BOR MGJJC

FORM 630 - Revised: 10/2017