State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
000155128	UNITED ELEVATOR COMPANY,INC.			
3. Street Address Principal Business Office		City	State	Zip
150 RECREATION PARK DRIVE		HINGHAM	MA	02043
4. Business Phone No.	5. State of Incorporation			
781-740-2440	MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island				
ELEVATOR SERVICE				

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
CHARLENE M WALSH			NONE		
Street Address			Street Address		
33 JULIA ROAD					
City	State	Zip	City	State	Zip
NORTH WEYMOUTH	MA	02191			
Secretary Name			Treasurer Name		
CHRISTINE CINQUEGRAN			MICHAEL WALSH		
Street Address			Street Address		
644 MIDDLE STREET #224			644 MIDDLE STREET #224		
City	State	Zip	City	State	Zip
WEYMOUTH	MA	02191	WEYMOUTH	MA	02191

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
CHARLENE M WALSH			MICHAEL WALSH		
Street Address			Street Address		
33 JULIA ROAD			644 MIDDLE STREET #224		
City	State	Zip	City	State	Zip
NORTH WEYMOUTH	MA	02191	WEYMOUTH	MA	02191
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,500	COMMON	NONE	100	COMMON	NONE
			THIS SECTION MUST BE COMPLETED		

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.

[redacted]

[redacted]

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.

Charlene M. Walsh ✓ 1/6/10
Signature *Date*

CHARLENE M WALSH
Print or Type Name

[redacted] PRESIDENT
Title

File Date 1-07-2010
Check No. 11789
By: MNC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06