



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 2011

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. 13416		2. Name of Corporation UNITED STATES INVESTMENT AND DEVELOPMENT CORPORATION			
3. Street Address Principal Business Office 33 GLEN HILLS DRIVE			City CRANSTON	State R.I.	Zip 02920
4. Business Phone No. 401-942-1666		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENIN T. MALLOY			Vice President Name GARY T. MALLOY		
Street Address 33 GREENWICH WAY			Street Address 1 WEST EXCHANGE		
City W. WARWICK	State RI	Zip 02893	City PROVIDENCE	State R.I.	Zip 02903
Secretary Name EVIN K. ACETO			Treasurer Name CAROL A. MALLOY		
Street Address 7 LINDSAY LANE			Street Address 33 GLEN HILLS DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KENIN T. MALLOY			Director Name GARY T. MALLOY		
Street Address 33 GREENWICH WAY			Street Address 1 WEST EXCHANGE		
City W. WARWICK	State RI	Zip 02893	City PROVIDENCE	State RI	Zip 02903
Director Name KERRY ANN MALLOY			Director Name THOMAS F MALLOY		
Street Address 33 GLEN HILLS DRIVE			Street Address 36 PERENNIAL DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. SHARES AUTHORIZED NONE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			NONE	N/A	NONE

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.

FILED

MAR 21 2011

By **140485**
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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.

Signature **[Signature]** Date **3/14/11**

Print or Type Name
KENIN T. MALLOY

Title
PRESIDENT

File Date _____
Check No. _____
By: _____
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