



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 118268		2. Exact name of the Corporation UNIQUE HOME BUILDERS, INC.			
3. Principal office address 48 EDDY STREET		City N. PROVIDENCE	State RI	Zip 02911	
4. Business Phone No. 401-286-7833		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island HOME BUILDINGS & RESTRUCTURE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALEX CORRENTE		Vice-President Name			
Street Address 48 EDDY STREET		Street Address			
City N. PROVIDENCE	State RI	Zip 02911	City	State	Zip
Secretary Name		Treasurer Name DEBORAH L. CORRENTE			
Street Address		Street Address 48 EDDY STREET			
City	State	Zip	City N. PROVIDENCE	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ALEX CORRENTE		Director Name			
Street Address 48 EDDY STREET		Street Address			
City N. PROVIDENCE	State RI	Zip 02911	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	COMMON	0.00

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.

File Date 2-6-13
Check No 2743
By: lc

FOR SECRETARY OF STATE USE ONLY

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 of Authorized Representative

Date

ALEX CORRENTE - PRESIDENT

Print or Type Name of Authorized Representative