



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. 13416		2. Exact name of the Corporation UNITED STATES INVESTMENT & DEVELOPMENT Corp.		
3. Principal office address 33 Glen Hills Drive		City CRAWSTON	State RI	Zip 02920
4. Business Phone No. 401-942-1066		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT / MGMT. & DEVELOPMENT - Residential, Commercial & MULTI FAMILY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name KEVIN T. MALLOY		Vice-President Name GARY T. MALLOY		
Street Address 33 Greenwich Way		Street Address 1 West Exchange		
City W. WARW.	State RI	Zip 02893	City PROV	State RI Zip 02903
Secretary Name ERIN K. ACETO		Treasurer Name KERRY MALLOY		
Street Address 7 LINDSAY LANE		Street Address 33 Glen Hills Drive		
City CRAW	State RI	Zip 02921	City CRAWSTON	State RI Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name THOMAS F. MALLOY		Director Name CHRIS MALLOY		
Street Address 36 Perennial Dr.		Street Address 6 TALON COURT		
City CRAW	State RI	Zip 02920	City HOPE	State RI Zip 02831
Director Name KEVIN T. MALLOY		Director Name GARY T. MALLOY		
Street Address 33 Greenwich Way		Street Address 1 West Exchange #2903		
City W. WARW.	State RI	Zip 02893	City PROV	State RI Zip 02903
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
		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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY BY **1818**

FILED
FEB 20 2013

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.

KEVIN T. MALLOY **2/20/13**
 Signature of Authorized Representative Date
KEVIN T. MALLOY
 Print or Type Name of Authorized Representative