



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. <b>13416</b>		2. Exact name of the Corporation <b>UNITED STATES INVESTMENT &amp; DEVELOPMENT Corp.</b>		
3. Principal office address <b>33 Glen Hills Drive</b>		City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-942-1066</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE INVESTMENT / MGMT. &amp; DEVELOPMENT - Residential, Commercial &amp; MULTI FAMILY</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>KEVIN T. MALLOY</b>		Vice-President Name <b>GARY T. MALLOY</b>		
Street Address <b>33 Greenwich Way</b>		Street Address <b>1 West Exchange</b>		
City <b>W. WARW.</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>PROV</b>	State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>ERIN K. ACETO</b>		Treasurer Name <b>KERRY MALLOY</b>		
Street Address <b>7 LINDSAY LANE</b>		Street Address <b>33 Glen Hills Drive</b>		
City <b>CRAW</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRAWSTON</b>	State <b>RI</b> Zip <b>02920</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>THOMAS F. MALLOY</b>		Director Name <b>CHRIS MALLOY</b>		
Street Address <b>36 Perennial Dr.</b>		Street Address <b>6 TALON COURT</b>		
City <b>CRAW</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>HOPE</b>	State <b>RI</b> Zip <b>02831</b>
Director Name <b>KEVIN T. MALLOY</b>		Director Name <b>GARY T. MALLOY</b>		
Street Address <b>33 Greenwich Way</b>		Street Address <b>1 West Exchange #2903</b>		
City <b>W. WARW.</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>PROV</b>	State <b>RI</b> Zip <b>02903</b>
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
		<b>NONE</b>	<b>N/A</b>	<b>NONE</b>

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