



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. 152790		2. Exact name of the Corporation ubi.Q inc.			
3. Principal office address 45 Deerfield Drive			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-886-4106		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Marketing and product development					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Laure LeBlanc			Vice-President Name Laure LeBlanc		
Street Address 45 Deerfield Drive			Street Address 45 Deerfield Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Laure LeBlanc			Treasurer Name Laure LeBlanc		
Street Address 45 Deerfield Drive			Street Address 45 Deerfield Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Laure LeBlanc			Director Name		
Street Address 45 Deerfield Drive			Street Address		
City East Greenwich	State RI	Zip 02818	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
			1,000	\$1.00 par val	

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 06 2013

File Date _____

Check No _____

By: _____ **BY**

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.

Laure LeBlanc
 Signature of Authorized Representative

3/2/13
 Date

FOR SECRETARY OF STATE USE ONLY

LAURE LEBLANC, PRESIDENT
 Print or Type Name of Authorized Representative