

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 2014

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.	T				
1. Corporate ID No. 91135	2. Name of Corporation US Directory Ass	sistance, Inc.			
3. Street Address Principal Business Office 200 MIDDLE HIGHWAY, #249			BARRINGTON	State RI	21p 02806
4. Business Phone No. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of TO ENGAGE IN THE BUSI			ECTORY LISTING INFOR	RMATION	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAPPRESIDENT Name DAVID R. MCGARTY			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address 200 MIDDLE HIGHWAY, #249			Street Address		
City BARRINGTON	State RI	^{Zip} 02806	Cuy	State	Zip
Secretary Name SANDRA MATRONE MACK			Treasurer Name DAVID R. MCGARTY		
Street Address 301 PROMENADE STREET			Street Address 200 MIDDLE HIGHWAY, #249		
PROVIDENCE	State RI	^{Zip} 02908	City BARRINGTON	State RI	D2 806 _C (2)
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name DAVID R. MCGARTY			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
Street Address 200 MIDDLE HIGHWAY, #249			Street Address		0 A70
City BARRINGTON	State RI	Zip 02806	City	State	NS SHEET
Director Name	J. 127	1.33.3.3	Director Name		O. SALE
Street Address			Street Address		
City	State	Zip	Сііу	State	Zip
9. SHARES AUTHORIZED			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			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	COMMON	\$1.00
This report must be executed this report must be executed or				rporation is in the hands	of a receiver or trustee,
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_					nat I have examined this report tements, and that all statement
File Date) (contained herein are		omono, and that an statement
Check No. FEB 1 0	2014		Signature Date SANDRA MATRONE MACK		
BY CM 2/16932			Print or Type Name SECRETARY		
FOR SECRETARY OF STA	TE USE ONLY		Title		Form 630 Rev. 08/08