



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 **2014**

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. 73270		2. Exact name of the Corporation United Communications of R.I., Inc.			
3. Principal office address 136 Silver Lake Avenue		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-941-3700		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To deal in electronic systems of every kind.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael E. Gasbarro			Vice-President Name Paul Gasbarro		
Street Address 22 Blue Gentian Road			Street Address 147 Bishop Hill Road		
City Cranston	State RI	Zip 02921	City Johnston	State RI	Zip 02919
Secretary Name Marc Fontaine			Treasurer Name Michael E. Gasbarro		
Street Address 32 Irish Drive			Street Address 22 Blue Gentian Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Michael E. Gasbarro			Director Name		
Street Address 22 Blue Gentian Road			Street Address		
City Cranston	State RI	Zip 02921	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) ☐		
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	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

FILED

FEB 10 2014

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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

Michael E. Gasbarro

Print or Type Name of Authorized Representative

Date

2/5/14