



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St., 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

\* 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.

1. Corporate ID No. 13460  
2. Name of Corporation UNITEX, INC.  
3. Street Address Principal Business Office 301 Promenade Street  
City PROVIDENCE State RI Zip 02908  
4. Business Phone No.  
5. State of Incorporation RHODE ISLAND  
6. Brief Description of the Character of Business Conducted in Rhode Island  
SELLING, LIQUIDATING, AND PUBLIC AUCTION OF MACHINERY, EQUIPMENT & SUPPLIES

**7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Samuel Shapiro	Vice President Name Samuel Shapiro
Street Address 16 Anawan Street City Fall River State MA Zip 02721	Street Address 16 Anawan Street City Fall River State MA Zip 02721
Secretary Name Seth Shapiro	Treasurer Name Seth Shapiro
Street Address 16 Anawan Street City Fall River State MA Zip 02721	Street Address 16 Anawan Street City Fall River State MA Zip 02721

**8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Samuel Shapiro	Director Name Seth Shapiro
Street Address 16 Anawan Street City Fall River State MA Zip 02721	Street Address 16 Anawan Street City Fall River State MA Zip 02721
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		200	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.



FILED

FEB 24 2014

1159

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.

\*13460 DBC 02/16/07 10:37:36 AM\* BY \_\_\_\_\_  
File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

Signature: Samuel Shapiro Date: 2/13/14  
Print of Type Name: Samuel Shapiro  
Title: President