



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 **2015**

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. 508342		2. Exact name of the Corporation UNIVERSAL ASSET RECOVERY, INC.			
3. Principal office address 132 B SHUN PIKE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-297-5438		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of asset recovery company					
President Name JOHN J. LOUGH			Vice-President Name JOHN J. LOUGH		
Street Address 19 Fox Ridge Drive			Street Address 19 Fox Ridge Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name JOHN J. LOUGH			Treasurer Name JOHN J. LOUGH		
Street Address 19 Fox Ridge Drive			Street Address 19 Fox Ridge Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name JOHN J. LOUGH			Director Name		
Street Address 19 Fox Ridge Drive			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
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 100	CLASS/SERIES common	PAR VALUE 0.00

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.

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 01 2015

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]
Signature of Authorized Representative

5-27-15
Date

BY *[Signature]* **JOHN J. LOUGH**

Print or Type Name of Authorized Representative