



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 2016

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.

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|--|--------------------|--|--|---------------------|---------------------|
| 1. Entity ID No. 35364 | | 2. Exact name of the Corporation UNITED PROPERTIES, INC. | | | |
| 3. Principal office address 41 High Gate Road | | City Cranston | State RI | Zip 02920 | |
| 4. Business Phone No. 401-383-3485 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island Real Estate | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Andreas Andreopoulos | | | Vice-President Name Marie Andreopoulos | | |
| Street Address 41 High Gate Road | | | Street Address 41 High Gate Road | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Andreas Andreopoulos | | | Treasurer Name Marie Andreopoulos | | |
| Street Address 41 High Gate Road | | | Street Address 41 High Gate Road | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Andreas Andreopoulos | | | Director Name None | | |
| Street Address 41 High Gate Road | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| 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 |
| | | | 100 | Common | No Par Value |

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

MAR 21 2016

BY Stefan DS

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

Joseph A. Sciacca

Print or Type Name of Authorized Representative

3/16/16
Date