



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Limited Liability Company Annual Report for the year: 2014

2016 JUN 20 PM 1:47

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
962167		UNITED COMMUNITY IMPACT GROUP LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		DAY CARE			
5. Principal Office Address		City	State	Zip	
57 GOULD ST		NEWPORT	RI	02840	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
GREGORY JOHNSON			CEO		
Street Address			City	State	Zip
38 DR. MARCUS WHEATLAND BOULEVARD			NEWPORT	RI	02840
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
GREGORY JOHNSON				6-20-16	
Signature of Authorized Person				SIGN DOCUMENT HERE	

FILED C

JUN 20 2016

BY CA 277680
1:49