	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liabil	lity Company	
nnual Repor		
lling Perioa: Sep	otember 1 - November 1	
	ith R.I.G.L. 7-16-66(d), each limited liability company failing or refusing report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	bject to a penalty fee of \$25.00.	
ANNUAL REPOR	RT YEAR: <u>2016</u>	
1. ID No. <u>0(</u>	00313130	
2. Exact Name	e of the Limited Liability Company <u>UNITED WE STAND LLC.</u>	
3. State of Forr	mation	
State: CT		
	ARTICLE III	
Using the following	ARTICLE III ing NAICS codes, please select the code that best describes your business.	
	ing NAICS codes, please select the code that best describes your business.	
Using the followin		
NAICS Code	ing NAICS codes, please select the code that best describes your business.	ode Island
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NAICS Code	ing NAICS codes, please select the code that best describes your business. 23 bution of the Character of the Business Which is Actually Conducted in Rh	ode Island
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NAICS Code 4. Brief Descript MINOR REMO 5. Principal Offici	ing NAICS codes, please select the code that best describes your business.	ode Island
NAICS Code 4. Brief Descript <u>MINOR REMO</u> 5. Principal Offic No. and Street:	ing NAICS codes, please select the code that best describes your business.	
NAICS Code	ing NAICS codes, please select the code that best describes your business.	ode Island
NAICS Code 4. Brief Descript <u>MINOR REMC</u> 5. Principal Offic No. and Street: City or Town:	ing NAICS codes, please select the code that best describes your business.	
NAICS Code 4. Brief Descript MINOR REMO 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	ing NAICS codes, please select the code that best describes your business. 23 Detion of the Character of the Business Which is Actually Conducted in Rhe DDELING DELING ice Address 49 ORLEANS AVENUE DANIELSON State: CT Zip: 06239 Count ress of Limited Liability Company and Name or Title of Contact Person:	
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NAICS Code 4. Brief Descript <u>MINOR REMC</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street:	ing NAICS codes, please select the code that best describes your business. <u>6</u> 23 Detion of the Character of the Business Which is Actually Conducted in Rh <u>ODELING</u> ice Address <u>49 ORLEANS AVENUE</u> <u>DANIELSON</u> State: <u>CT</u> Zip: <u>06239</u> Count ress of Limited Liability Company and Name or Title of Contact Person: <u>WILLIAM MENGHI</u> Contact Title: <u>49 ORLEANS AVENUE</u>	
AICS Code 4. Brief Descript MINOR REMC 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town: 7. Name and Ac	ing NAICS codes, please select the code that best describes your business. 23 obtion of the Character of the Business Which is Actually Conducted in Rh ODELING ice Address 49 ORLEANS AVENUE DANIELSON State: CT Zip: 06239 Count ress of Limited Liability Company and Name or Title of Contact Person: WILLIAM MENGHI Contact Title: 49 ORLEANS AVENUE DANIELSON State: CT Zip: 06239 Count ddress of Each Manager of the Limited Liability Company, if Applicable.	ntry: <u>USA</u>
AICS Code 4. Brief Descript MINOR REMO 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town:	ing NAICS codes, please select the code that best describes your business. 23 obtion of the Character of the Business Which is Actually Conducted in Rh ODELING ice Address 49 ORLEANS AVENUE DANIELSON State: CT Zip: 06239 Count ress of Limited Liability Company and Name or Title of Contact Person: WILLIAM MENGHI Contact Title: 49 ORLEANS AVENUE DANIELSON State: CT Zip: 06239 Count ddress of Each Manager of the Limited Liability Company, if Applicable.	ntry: <u>USA</u>
AICS Code 4. Brief Descript MINOR REMC 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town: 7. Name and Ac	ing NAICS codes, please select the code that best describes your business. 23 obtion of the Character of the Business Which is Actually Conducted in Rh ODELING ice Address 49 ORLEANS AVENUE DANIELSON State: CT Zip: 06239 Count ress of Limited Liability Company and Name or Title of Contact Person: WILLIAM MENGHI Contact Title: 49 ORLEANS AVENUE DANIELSON State: CT Zip: 06239 Count ddress of Each Manager of the Limited Liability Company, if Applicable.	ntry: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PARASEARCH, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of September, 2016 at 7:38:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>WILLIAM MENGHI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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