



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS DIV
 2017 JAN 13 PM 3:08

1. Entity ID Number 161650		2. Exact name of the Corporation UNIQUE BUILDING CORP.			
3. Principal Office Address 105 WATERMAN AVENUE # 197			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION GENERAL CONTRACTOR.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FERNANDO E. GONCALVES			Vice-President Name LORI A. GONCALVES		
Street Address 506 LEDGE ROAD			Street Address 506 LEDGE ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name FERNANDO E. GONCALVES			Treasurer Name LORI A. GONCALVES		
Street Address 506 LEDGE ROAD			Street Address 506 LEDGE ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FERNANDO E. GONCALVES			Director Name LORI A. GONCALVES		
Street Address 506 LEDGE ROAD			Street Address 506 LEDGE ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100 SHARES	COMMON	NO PAR
11. 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.					
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 Representative					Date
<i>Lori Goncalves</i> (PRESIDENT)					1/11/2017
Signature of Authorized Representative					
LORI A. GONCALVES					

FILED

JAN 13 2017

BY CU 293193

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov