



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.

1. Entity ID Number 487846		2. Exact name of the Corporation Unlimited Construction Co., Inc.			
3. Principal Office Address 196 Cooper Avenue		City Woonsocket		State RI	Zip 02895
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Residential and commercial construction			
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 Dennis Losardo			Vice-President Name Dennis Losardo		
Street Address 196 Cooper Avenue			Street Address 196 Cooper Avenue		
City Woonsocket	State RI	Zip 02895	City 02895Woonsocket	State RI	Zip 02895
Secretary Name Dennis Losardo			Treasurer Name Dennis Losardo		
Street Address 196 Cooper Avenue			Street Address 196 Cooper Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis Losardo			Director Name		
Street Address 196 Cooper Avenue			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			250	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 Dennis Losardo				Date 1-14-17	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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

FILED

JAN 17 2017

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FORM 630 - Revised: 10/2016