

## 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

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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1. Entity ID No. <b>12897</b>		2. Exact name of the Corporation UBIO, INC.					
3. Principal office addres 3890 Post Road	s		City <b>Warwick</b>	State RI	Zip <b>02886</b>		
4. Business Phone No. 401 541 9172			5. State of Incorporate Rhode Island	ion			
6. Brief description of the Distribution comp		s conducted in Rhode Island	d				
	(NAMES AND ADDE	ESSES) ("X" BOX FOR A		introsport operation (1927). Have an electrical structure belong to exact the bure			
President Name Lucille DeClemen	ucille DeClemente			Vice-President Name  Damon DiPiro			
Street Address 3890 Post Road			Street Address 3890 Post Road				
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State RI	Zip <b>02886</b>		
Secretary Name Lucille DeClemen	te		Treasurer Name  Damon DiPiro				
Street Address 3890 Post Road			Street Address 3890 Post Road	d			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>		
8 LIST ALL DIRECTOR Director Name	S (NAMES AND ADD	RESSES) (#X# BOX FOR	ATTACHMENT)				
			Diector Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name	I			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
SHARES AUTHORIZE	<b>D</b>		10. SHARES ISSUED	U O ("X" BOX FOR ATTACH	IMENT)		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
This information is curre of State. Changes requir See Section 9 of instruc	e an additional filing	Office of the Secretary J.	900 Common No Par Valu		No Par Value		
see section 9 of itistruc	uon siicel.						
			A manufacture of the second	corporation is in the hands			

File Date	FILE	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 berein are true and correct.	
Check No	FEB 1 5 2017	Signature of Authorized Representative	1-25-/1 Date
FOR SECRETARY OF STATE USE ONLY	11/165/	Lucille DeClemente, President	
Form No. 630 Revised: 01/2012	1562	Print or Type Name of Authorized Representative	