



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 54771		2. Exact name of the Corporation UNITED SITE DEVELOPMENT, INC.			
3. Principal Office Address 154 Dexter Lane		City North Scituate		State RI	Zip 02857
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Excavation, site work, ISDS design and 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 MICHAEL DONATELLI			Vice-President Name MICHAEL DONATELLI		
Street Address 154 Dexter Lane			Street Address 154 Dexter Lane		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name MICHAEL DONATELLI			Treasurer Name MICHAEL DONATELLI		
Street Address 154 Dexter Lane			Street Address 154 Dexter Lane		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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	
1,000		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 Michael Donatelli				Date 2/9/17	
Signature of Authorized Representative					

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

MAR 13 2017

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FORM 630 - Revised: 10/2016