



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 105738		2. Exact name of the Corporation UDG, Inc.			
3. Principal Office Address 24 Corliss Street, #6902			City Providence	State RI	Zip 02904
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Engage in the provision of architectural and landscape architectural services			
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 Mauricio Barreto			Vice-President Name		
Street Address 24 Corliss Street, #6902			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Mauricio Barreto			Treasurer Name Mauricio Barreto		
Street Address 24 Corliss Street, #6902			Street Address 24 Corliss Street, #6902		
City Providence	State RI	Zip 02904	City Providenc	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mauricio Barreto			Director Name None		
Street Address 24 Corliss Street, #6902			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Director Name None			Director Name None		
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		
			PAR VALUE		
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 Mauricio Barreto					Date FEB. 24, 2017
Signature of Authorized Representative <i>Mauricio Barreto</i>					FILED

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016