



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

Annual Report for the year: 2015
 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
 BUS SVCS DIV
 2017 SEP 21 AM 11:57

1. Entity ID Number 124963		2. Exact name of the Corporation United, Inc.			
3. Principal Office Address 430 Turnpike Street		City South Easton	State MA	Zip 02375	
4. NAICS Code 517311		6. Brief description of the character of business conducted in Rhode Island Install and Service phone systems and VOIP			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Worster		Vice-President Name Michael Worster			
Street Address 9 Union St		Street Address 7 Union St.			
City N. Easton	State MA	Zip 02356	City N. Easton	State MA	Zip 02356
Secretary Name		Treasurer Name Nancy Wyllie			
Street Address		Street Address 430 Turnpike St			
City	State	Zip	City S. Easton	State MA	Zip 02375
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		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 1200000		CLASS/SERIES Common	PAR VALUE 0
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 Nancy Wyllie				Date 9-20-17	
Signature of Authorized Representative <i>Nancy Wyllie</i>				FILED	
				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

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 BY CA 3130SD
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