



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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 SEP 27 PM 1:14

1. Entity ID Number 1662902		2. Exact name of the Corporation RE United, Inc.			
3. Principal Office Address 334 Branch Avenue			City Providence	State RI	Zip 02904
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Sales			
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 Sean J. Harrington			Vice-President Name		
Street Address 334 Branch Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Sean J. Harrington			Treasurer Name Sean J. Harrington		
Street Address 334 Branch Avenue			Street Address 334 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sean J. Harrington			Director Name		
Street Address 334 Branch Avenue			Street Address		
City Providence	State RI	Zip 02904	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 CLASS-SERIES PAR VALUE		
			100	Common	\$1.00
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. <i>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.</i>					
Name of Authorized Representative Sean J. Harrington				Date 9/27/17	
Signature of Authorized Representative				FILED SEP 27 2017 BY Le 313498	

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