



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

STAMP

Annual Report for the year: 2018
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 000073270		2. Exact name of the Corporation UNITED COMMUNICATIONS OF R.I., INC.			
3. Principal Office Address 136 Silver Lake Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 423620		6. Brief description of the character of business conducted in Rhode Island Deal in electronic systems of every kind			
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 E. Gasbarro			Vice-President Name Paul Gasbarro		
Street Address 53 Highland Street Apt. B			Street Address 4 Sentian Circle		
City Cranston	State RI	Zip 02920	City Johnston	State Ri	Zip 02919
Secretary Name Marc Fontaine			Treasurer Name Michael E. Gasbarro		
Street Address 110 Shirley Blvd			Street Address 53 Highland street Mt B		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael E. Gasbarro			Director Name		
Street Address 53 Highland Street Apt. B			Street Address		
City Cranston	State RI	Zip 02920	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		
			1,00.00	CNP	\$0.0000
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 E. Gasbarro				Date 1/12/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

FEB 13 2018

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