



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 001671576		2. Exact name of the Corporation Utile Inc			
3. Principal Office Address 115 Kingston Street			City Boston	State MA	Zip 02111
4. NAICS 541990		6. Brief description of the character of business conducted in Rhode Island Architectural Design and Urban Planning			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Timothy Love			Vice-President Name none		
Street Address 122 F Street			Street Address		
City South Boston	State MA	Zip 02127	City	State	Zip
Secretary Name Michael LcBlanc			Treasurer Name Matthew Littell		
Street Address 190 Norwood Street			Street Address 31 Oakview Terrace		
City Sharon	State MA	Zip 02067	City Jamaica Plain	State MA	Zip 02067
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name none			Director Name none		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			400		No 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. <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 Tim Love				Date March 6, 2018	
Signature of Authorized Representative <span style="float: right;">FILED</span>					

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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