



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

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.

STAMP
 SECRETARY OF STATE
 RECEIVED
 MAR 22 2018
 ROOM 217 STATE HOUSE
 HON. MELLIE M. GORBEA

1. Entity ID Number 118268		2. Exact name of the Corporation UNIQUE HOME BUILDRES, INC.			
3. Principal Office Address 48 EDDY STREET			City N. PROV.	State RI	Zip 02911
4. NAICS Code 23-CONSTRUCTION		6. Brief description of the character of business conducted in Rhode Island HOME BUILDINGS AND RESTRUCTURE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALEX CORRENTE			Vice-President Name		
Street Address 48 EDDY STREET			Street Address		
City N. PROVIDENCE	State RI	Zip 02911	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALEX CORRENTE			Director Name DEBORAH CORRENTE		
Street Address 48 EDDY STREET			Street Address 48 EDDY STREET		
City N. PROVIDENCE	State RI	Zip 02911	City N. PROVIDENCE	State RI	Zip 02911
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/SF-RIFS
			100		0
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				MAR 22 2018	Date
Signature of Authorized Representative <i>Alex Corrente - Member</i>				3-14-18	
				BY <u><i>[Signature]</i></u>	
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