



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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 <b>000118268</b>		2. Exact name of the Corporation <b>UNIQUE HOME BUILDERS, INC.</b>			
3. Principal Office Address <b>48 EDDY STREET</b>			City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>HOME BUILDINGS AND RESTRUCTURE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>ALEX CORRENTE</b>			Vice-President Name		
Street Address <b>48 EDDY STREET</b>			Street Address		
City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	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 <b>ALEX CORRENTE</b>			Director Name		
Street Address <b>48 EDDY STREET</b>			Street Address		
City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>0.00</b>	
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.					
<b>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.</b>					
Name of Authorized Representative					Date <b>1-26-19</b>
Signature of Authorized Representative					

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

**FILED**

JAN 30 2019

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FORM 630 - Revised: 10/2017