



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 14 PM 12:30

1 Entity ID Number 796249		2 Exact name of the Corporation Unisource International Development and Construction										
3 Principal Office Address 521 Roosevelt Ave		City Central Falls	State RI									
		Zip 02863										
4 NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real estate development and construction											
5 State of Incorporation Rhode Island												
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Louis Yip		Vice-President Name Tze Ping Ng										
Street Address 71 Wingate Rd		Street Address 76 Middle Rd										
City Providence	State RI	City East Greenwich	State RI									
Zip 02906		Zip 02818										
Secretary Name Louis Yip		Treasurer Name Louis Yip										
Street Address 71 Wingate Rd		Street Address 71 Wingate Rd										
City Providence	State RI	City Providence	State RI									
Zip 02906		Zip 02906										
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9 Shares Authorized		10 Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VA. UF</th> </tr> <tr> <td>1000</td> <td>CNP</td> <td>No value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VA. UF	1000	CNP	No value			
NUMBER OF SHARES	CLASS/SERIES	PAR VA. UF										
1000	CNP	No value										
Changes require an additional filing.												
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 Louis Yip			Date 2/11/2019									
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

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