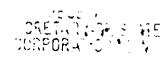
RI SOS Filing Number: 201994597150 Date: 5/28/2019 10:05:00 AM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:

Corporation



2019 MAY 28 AH 10: 02

→ Filing	period:	January	1	- March	1
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→ Filing Fee. \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

Penalty. Additional \$25.00 le	e ii ioini is not iii	eu by April 1.							
1. Entity ID Number	2. Exact name of the Corporation								
1675293 UNITED BUILDERS SOLUTIONS INC									
3. Principal Office Address		,	City		State	Zip			
566 WILBU	R AUG			A 32N	MA	02777			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
238130									
5. State of Incorporation	1								
W A	CONSTRUCTION) LEAMING								
7 List ALL officers (names and addresses) Check the box to indicate an attachment									
SANDRO L VENANCIO			SANDEO L UENANGO						
Street Address			Street Address	1014 2 L					
PROUIDENCE	State	Zip 02906	Cilp RU	vidence	State	20280-G			
Secretary Name SANDRO L UG		<u> </u>	Treasurer Nam	3759 DE	NANCE				
Street Address			Street Address 10TH ST						
	State 1	20 x 9 v 6	City PPC	) U	State 1	Zp 2506			
8. List ALL directors (names and ad	dresses)			Check th	ne box to indicat	te an attachment			
Director Name	Director Name								
Street Address			Street Address						
City	State	Zıp	City		State	Zıp			
Director Name Director Name									
Street Address			Street Address						
City	State	Zıp	City		State	Zıp			
9. Shares Authorized		10. Shares Issue	d	Check th	ne box to indicat	te an attachment			
This information is currently of record	d in the	NUMBER OF SH	ARES	CLASS/SERIES	ı	PAR VALUE			
Department of State.		1 -0							
Changes require an additional filing.			1						
11. This report must be executed or					ation is in the ha	ands of a receiver or			
trustee, this report must be execute					anning cabad	ulas and			
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 Anthorized Representative Date									
Signature of Authorized Representative									
ARMANDA DE MEZO									
MAIL TO:			_		. # (-14.2 w	10:05			
		, .	22D /	רככנ יור					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov.