



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.

 PREPARED BY
 CORPORATION

2019 MAY 28 AM 10:02

1. Entity ID Number <u>1675293</u>		2. Exact name of the Corporation <u>UNITED BUILDERS SOLUTIONS INC.</u>			
3. Principal Office Address <u>566 WILBUR AVE</u>		SUITE 4		City <u>SWANSEA</u>	State <u>MA</u>
				Zip <u>02777</u>	
4. NAICS Code <u>238130</u>		6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION / FRAMING</u>			
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>SANDRO L VENANCIO</u>			Vice-President Name <u>SANDRO L VENANCIO</u>		
Street Address <u>17 10TH ST</u>			Street Address <u>17 10TH ST</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name <u>SANDRO L VENANCIO</u>			Treasurer Name <u>SANDRO VENANCIO</u>		
Street Address <u>17 10TH ST</u>			Street Address <u>17 10TH ST</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02906</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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 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 <u>0</u>		
			CLASS/SERIES <u></u>		
			PAR VALUE <u></u>		
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 <u>Armanda De Melo</u>				Date <u>5-28-19</u>	
Signature of Authorized Representative <u>ARMANDA DE MELO</u>					

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

1 508 672-2777

MAY 28 2019

BY

FORM 530 - Revised: 10/2017