RI SOS Filing Number: 201994597600 Date: 5/28/2019 10:03:00 AM

State of Rhode Island and Providence Plantations Department of State - Business Services Division					DREIDA DE VE	
Annual Report for the ye	SCRETAL CONTROL OF STATE OF SCREEN					
Corporation	2019 HAY 28 AH 10: 02					
→ Filing period: January 1 - N → Filing Fee: \$50.00		Cui	JIMI LO	M. 710 0 L		
→ Penalty: Additional \$25.00 for	ee if form is not fi	led by April 1.				
1, Entity ID Number	2. Exact name o	f the Corporation				
1675293 UNITED BUILDERS SOLUTIONS INC						
3. Principal Office Address		SUITE 4	City		State	Zip
566 WILBU	IR AUG	•	SWA	NSCA	MA	02777
4 NAICS Code	6. Brief description	on of the character	r of business o	conducted in Rhode Isl	and	
238130	1					
5. State of Incorporation		uction)	PD 1 144	FIAG		
Y - 1		<u>0611047</u>	TRAM			
7. List ALL officers (names and add President Name	Check the box to indicate an attachment ☐ Vice-President Name					
SANDRO L VENANCIO			SAUBEO L UENAUGO			
17 IOTH ST			17 10 H ST			
PROVIDENCE	State	Zip 02906	City PU	vidence	State	218290-6
Secretary Name		<u> </u>	Treasurer Nan	ne		
SANDRO L UG	OHNORO DE DAIDO O					
Street Address	Street Address 10TH ST					
PRO O	State R 1	20 x 4 3 4	City PP	<u> </u>	State	Zip 02906
8. List ALL directors (names and ad Director Name	Director Name	Check ti	ne box to indic	ate an attachment		
Director Name	Chector Hame					
Street Address			Street Address			
City	State	Zip	City		State	Zıp
Diractor Nama	<u></u>	<u> </u>	Director Name			
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	<u></u>	10. Shares Issue	<u> </u>	Chock th	no hov to indic	ate an attachment
This information is currently of record in the			NUMBER OF SHARES CLASSISERIE		TE DOX TO ITTAIC	PAR VALUE
Department of State.		1 -0				
Changes require an additional filing.	•				<u> </u>	
11. This report must be executed of	on behalf of the cor	I poration by an aut	thorized repres	I sentative. If the corpor.	1 ation is in the l	nands 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 Anthorized Representative					Date 52 / 0	
Julio					5-28	79
Signature of Authorized Representative						
ARMANDA DE MELO						
MAIL TO: MAY 2 0 20th 10.47						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 2 8 2019 10:03 BY CV 274WX FOR

FORM 630 - Revised: 10/2017