



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STATE OF RHODE ISLAND
 CORPORATIONS DIVISION

Annual Report for the year: 2018
 Corporation

2019 MAY 28 AM 10:02

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

FILED ✓

MAY 28 2019 10:03

BY AR 274NX