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SECRETARY OF STATE  
CORPORATIONS DIV



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

2019 JUL 19 AM 8:48

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.

1. Entity ID Number 000794479		2. Exact name of the Corporation UG SPECIALIST INC.			
3. Principal Office Address 21 Lockwood Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 237130		5. Brief description of the character of business conducted in Rhode Island Utility Contractor			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert Burlacu			Vice-President Name		
Street Address 21 Lockwood Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		PAR VALUE	
		2,000		.01	
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 Robert Burlacu, President					Date 7-17-2019
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

JUL 19 2019

FORM 033 Rev. 06/10/2017

BY TSADS  
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