



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

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUL 19 AM 8:48

Annual Report for the year: 2017
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) Check the box to indicate an attachment <input type="checkbox"/>														
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) 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS OF SHARES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2,000</td> <td></td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE	2,000		.01			
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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. 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 Robert Burlacu, President					Date 7-17-2019									
Signature of Authorized Representative 														

FILED

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

JUL 19 2019
BY TSAPS
A.A. 8:50 A.M.

FORM 630 - Revised: 10/2017