



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 NOV 22 AM 10:25

**Annual Report for the year: 2019**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |  |                             |                         |     |
|---|-------|--|-----------------------------|-------------------------|-----|
| 1. Entity ID Number<br><b>1402365</b>   |       | 2. Exact name of the Limited Liability Company<br><b>UNITED INVESTMENTS, LLC</b>   |                             |                         |     |
| 3. NAICS Code<br>531390   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO BUY, SELL AND INVEST IN REAL ESTATE</b> |                             |                         |     |
| 5. State of Formation<br>RI   |       |  |                             |                         |     |
| 6. Principal Office Address<br>920 HARTFORD AVENUE  |       | City<br>JOHNSTON   | State<br>RI                 | Zip<br>02919            |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                             |                         |     |
| Contact Name <b>FELICE N. MAGLIARI</b>  |       |  | Contact Title <b>MEMBER</b> |                         |     |
| Street Address<br>920 HARTFORD AVENUE   |       | City<br>JOHNSTON   | State<br>RI                 | Zip<br>02919            |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                             |                         |     |
| Manager Name<br><b>NONE</b>   |       | Manager Name   |                             |                         |     |
| Street Address  |       | Street Address   |                             |                         |     |
| City  | State | Zip  | City                        | State                   | Zip |
| Manager Name  |       | Manager Name   |                             |                         |     |
| Street Address  |       | Street Address   |                             |                         |     |
| City  | State | Zip  | City                        | State                   | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                             |                         |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                             |                         |     |
| <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 Person<br><b>FELICE N. MAGLIARI</b>  |       |  |                             | Date<br><b>11/20/19</b> |     |
| Signature of Authorized Person<br><i>Felice N. Magliari</i>   |       | SIGN DOCUMENT HERE   |                             |                         |     |

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

**FILED** ✓  
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 BY *Clark 1231*  
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