

## State of Rhode Island and Providence Plantations Office of the Secretary of State

No Fee

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Domestic Limited Liability Company Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2019

1. **ID No.** <u>000146448</u>

2. Exact Name of the Limited Liability Company UNITED BETTER HOMES, LLC

3. State of Formation

State: RI

#### **ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

238900

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

#### REHABILITATION RENTAL PROPERTY SUB-CONTRACTING

5. Principal Office Address

No. and Street: 535 PINE STREET

City or Town: <u>CENTRAL FALLS</u> State: <u>RI</u> Zip: <u>02863</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: HERIBERTO ROMAN Contact Title:

No. and Street: 535 PINE STREET

City or Town: C State: RI Zip: 02863 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

### JONATHAN L. UCRAN CPA 651 PUTNAM PIKE GREENVILLE, RI 02828

Signed this 20 Day of December, 2019 at 1:41:27 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

### By **HERIBERTO ROMAN**

Signature of Authorized Person

Form No. 632 Revised 09/07

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