

FILED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

JAN 22 2020

2020

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|--|----------------------|--|---|----------------------|---------------------|
| 1. Entity ID No. 56972 | | 2. Exact name of the Corporation United Remodeling & Interiors Inc | | | |
| 3. Principal office address 285 NORTH RD | | | City PASCOAG | State R.I. | Zip 02859 |
| 4. Business Phone No. 401-725-9449 | | | 5. State of Incorporation R.I. | | |
| 6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENTS | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name JERRY PRETE | | | Vice-President Name MARGARET PRETE | | |
| Street Address 285 NORTH RD | | | Street Address 285 NORTH RD | | |
| City PASCOAG | State R.I. | Zip 02859 | City PASCOAG | State R.I. | Zip 02859 |
| Secretary Name JAMES PRETE | | | Treasurer Name JERRY PRETE | | |
| Street Address 978 SMITHFIELD AVE | | | Street Address 285 NORTH RD | | |
| City LINCOLN | State R.I. | Zip 02865 | City PASCOAG | State R.I. | Zip 02859 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 300 | | |
| | | | NO PAR VALUE | | |

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative