

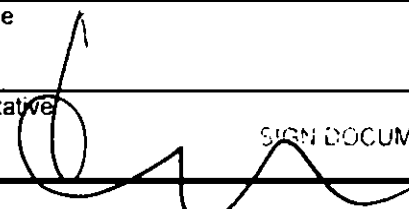


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2020 FEB 11 P 12:02

Annual Report for the year: 2020
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 796249		2. Exact name of the Corporation Unisource International Development and Construction			
3. Principal Office Address 521 Roosevelt Ave		City Central Falls		State RI	Zip 02863
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island To engage in the business of real estate development and construction			
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 Tze Ping Ng		Vice-President Name Tze Ping Ng			
Street Address 76 Middle Rd		Street Address 76 Middle Rd			
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02818
Secretary Name Louis Yip		Treasurer Name Louis Yip			
Street Address 71 Wingate Rd		Street Address 71 Wingate Rd			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		CNP	No value
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 Louis Yip				Date 1/20/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 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

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