



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

FEB 27 2020

BY

2936 OS

| | | | | | |
|---|-------------|---|---|--------------|-----------------------------|
| 1. Entity ID Number 000789543 | | 2. Exact name of the Corporation UNICOM, INC. | | | |
| 3. Principal Office Address 56 Exchange Terrace | | | City Providence | | State RI Zip 02903 |
| 4. NAICS Code 443142 | | 6. Brief description of the character of business conducted in Rhode Island Computer Sales, repair and all lawful business | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Barry J Schiff | | | Vice-President Name Barry J Schiff | | |
| Street Address 68 Mauran Street | | | Street Address 68 Mauran Street | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02910 |
| Secretary Name Barry J Schiff | | | Treasurer Name Barry J Schiff | | |
| Street Address 68 Mauran Street | | | Street Address 68 Mauran Street | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02910 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Barry J Schiff | | | Director Name | | |
| Street Address 68 Mauran Street | | | Street Address | | |
| City Cranston | State RI | Zip 02910 | 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"/> | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 1,000.00 | STK | 0.0100 |
| | | | | | |
| 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 Barry Jay Schiff | | | | | Date 2/19/20 |
| Signature of Authorized Representative Barry Jay Schiff | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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