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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

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.	2. Exact name of the Corporation
13416	UNITED STATES INVESTMENT & DEVELOPMENT CORP.

3. Principal office address	City	State	Zip
33 Glen Hills Drive	CRANSTON	RI	02920

4. Business Phone No.	5. State of Incorporation
401-942-1666	RI

6. Brief description of the character of business conducted in Rhode Island
REAL ESTATE (531390)

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
KEVIN T. MALLOY	GARY T. MALLOY
Street Address: 33 Greenwich Way	Street Address: 200 W. Exchange ST #417
City: W. WARW. State: RI Zip: 02893	City: PROV State: RI Zip: 02903
Secretary Name: KERRY Ann MALLOY	Treasurer Name: THOMAS F MALLOY
Street Address: 39 Sachem Drive	Street Address: 136 Perennial Dr.
City: CRAN State: RI Zip: 02920	City: CRAN. State: RI Zip: 02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
ERIN K. Aceto	CHRIS E. MALLOY
Street Address: 7 LINDSAY LANE	Street Address: 53 GARLAND ST.
City: CRAN State: RI Zip: 02921	City: CRANSTON State: RI Zip: 02920
Director Name: KEVIN T. MALLOY	Director Name: GARY T. MALLOY
Street Address: 33 Greenwich Way	Street Address: 200 W. Exchange ST. #417
City: W. WARW. State: RI Zip: 02893	City: PROV State: RI Zip: 02903

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE	N/A	N/A

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

KM FILED
MAR 30 2020
BY 11900

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: 3/24/20

KEVIN T. MALLOY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012