RI SOS Filing Number: 202051224390 Date: 9/1/2020 4:00:00 FM

741 07/28/2020 10:57 AM

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.									
1. Entity ID Number	2 Exact name of the Corporation								
_000506230	UNITED CAR CARE, INC.								
Principal Office Address	City State Zip								
5700 S. QUEBEC	STREET.	STREET. #110			GREENWOOD VILLAGE C			80111	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
524290									
State of Incorporation									
co	AUTO WARRANTY								
7. List ALL officers (names and									
President Name		Vice-President Name STMT 1							
DAVID U. MATHEWS									
Street Address				Street Address					
5700 S. QUEBEC ST., #110						<u> </u>			
City	State	Zıp		City		State		Zip	
GREENWOOD VIII.A	(CO	8	0111						
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State	Zıp)	City		State		Zıp	
8 List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip)	City		State		Zip	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zı¢)	City		State	Zıp		
Shares Authorized	10. Share		10. Shares Issued	sued Check the			box to indicate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SHRES			H:S	PAR VALUE		
			1250) COMMON S		rock i		i	
Changes require an additional filing.									
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 pustee, 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 perein are true and correct.									
Name of Authorized Representative Date 70									
Signature of Authorized Representative									
BERNARD RADOCHONSKI II									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov