



RI SOS Filing Number: 202193682050 Date: 3/5/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 5 2021

BY *[Signature]* 209

1. Entity ID Number 55666		2. Exact name of the Corporation Universal Resources, Inc.					
3. Principal Office Address 24 Colvintown Road				City Coventry		State RI	Zip 02816
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island General landscaping					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐							
President Name Daniel R. Dulleba				Vice-President Name Vacant			
Street Address 24 Colvintown Road				Street Address			
City Coventry		State RI	Zip 02816	City		State	Zip
Secretary Name Daniel R. Dulleba				Treasurer Name Daniel R. Dulleba			
Street Address 24 Colvintown				Street Address 24 Colvintown Road			
City Coventry		State RI	Zip 02816	City Coventry		State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐							
Director Name Daniel R. Dulleba				Director Name			
Street Address 24 Colvintown Road				Street Address			
City Coventry		State RI	Zip 02816	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. Shares Authorized				10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES	
				100		Common	
						PAR VALUE	
						No par 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.							
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 Daniel Dulleba						Date 2/23/2021	
Signature of Authorized Representative <i>[Signature]</i>							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020