



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

MAR 25 2021

BY

1. Entity ID Number 36404		2. Exact name of the Corporation UCI CORPORATION			
3. Principal Office Address 2224 PAWTUCKET AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island GENERAL BUSINESS ACTIVITIES INCLUDING BUT NOT LIMITED TO SALES OF OFFICE PRODUCTS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MARK S. COHEN			Vice-President Name		
Street Address 2224 PAWTUCKET AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name PETER A. WHEALTON			Treasurer Name PETER A. WHEALTON		
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name MARK S. COHEN			Director Name PETER A. WHEALTON		
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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		
			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 PETER A. WHEALTON					Date 3/3/21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov