



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

STAMP

FEB 28 2023

BY

30584 DS

1. Entity ID Number 12897		2. Exact name of the Corporation UBIO, INC.			
3. Principal Office Address 1603 Plainfield Pike, Apt. B5			City Johnston	State RI	Zip 02919
4. NAICS Code 221210		6. Brief description of the character of business conducted in Rhode Island Distribution company.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Damon DiPiro			Vice-President Name Sharon Sammartino		
Street Address 1603 Plainfield Pike, Apt. B5			Street Address 9661 E. Sutton Drive		
City Johnston	State RI	Zip 02919	City Scottsdale	State AZ	Zip 85269
Secretary Name Sharon Sammartino			Treasurer Name Damon DiPiro		
Street Address 9661 E. Sutton Drive			Street Address 1603 Plainfield Pike, Apt. B5		
City Scottsdale	State AZ	Zip 85269	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Damon DiPiro			Director Name		
Street Address 1603 Plainfield Pike, Apt. B5			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
900			common		
			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 Damon DiPiro					Date 2/9/2023
Signature of Authorized Representative					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov