RI SOS Filing Number: 202333286100 Date: 4/18/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

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.

| 1. Entity ID Number  | 2. Exact name of the Corporation                    |                                 |                                       |                                       |               |                           |  |
|--|---|---------------------------------|---------------------------------------|---------------------------------------|---------------|---------------------------|--|
| 000054771  | UNITED SITE DEVELOPMENT, INC.                       |                                 |                                       |                                       |               |                           |  |
| Principal Office Address   |   |                                 | City                                  | · · · · · · · · · · · · · · · · · · · | State         | Zip                       |  |
| 154 Dexter Lane  |   |                                 | North Scit                            | tuate                                 | RI            | 02857                     |  |
| 4. NAICS Code  | 6. Brief descri                                     | ption of the characte           | er of business o                      | onducted in Rhode Isl                 | land          |                           |  |
| 237990   | Excavation, site work, ISDS design and construction |                                 |                                       |                                       |               |                           |  |
| State of Incorporation   | and taken, one troin, lede decign and containdeach  |                                 |                                       |                                       |               |                           |  |
|  |   |                                 |                                       |                                       |               |                           |  |
| Rhode Island   | <u> </u>  |                                 |                                       |                                       |               |                           |  |
| 7. List ALL officers (names and add  | Jresses)  |                                 |                                       |                                       | ne box to in  | dicate an attachment 🔲    |  |
| President Name Michael Donatelli   |   |                                 | Vice-President Name Michael Donatelli |                                       |               |                           |  |
| Street Address 154 Dexter Lane   |   |                                 | Street Address                        | Street Address 154 Dexter Lane        |               |                           |  |
| City North Scituate  | State RI  | <sup>Zip</sup> 02857            | City North Scituate                   |                                       | State RI      | <sup>Zip</sup> 02857      |  |
| Secretary Name Michael Donatelli   |   |                                 | Treasurer Name Michael Donatelli      |                                       |               |                           |  |
| Street Address 154 Dexter Lane   |   |                                 | Street Address 154 Dexter Lane        |                                       |               |                           |  |
| <sup>City</sup> North Scituate   | State RI  | <sup>Z<sub>ip</sub></sup> 02857 | City North Scituate                   |                                       | State RI      | <sup>Zip</sup> 02857      |  |
| 8. List ALL directors (names and ad  | ddresses)   | 1                               |                                       |                                       | he box to ir  | ndicate 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   | Zıp                             | City                                  |                                       | State         | Zip                       |  |
| 9. Shares Authorized   | <del></del>   | 10. Shares Issu                 | ied                                   | Check t                               | he box to ir  | ndicate an attachment     |  |
| This information is currently of record in the   |   |                                 | NUMBER OF SHARES C.J.                 |                                       |               | PAR VALUE                 |  |
| Department of State.   |   | 1,000                           |                                       | Common                                |               | No Par Value              |  |
| Changes require an additional filing.  |   |                                 |                                       |                                       |               |                           |  |
| 11. This report must be executed o   | n behalf of the                                     | corporation by an au            | uthorized repres                      | sentative. If the corpor              | ation is in t | he 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 declar   | re and affirm th                                    | nat I have examine              | d this report, it                     | ncluding any accom                    | panying so    | chedules and              |  |
| statements, and that all statemen  |   | herein are true and             | d correct.                            |                                       | Τ             |                           |  |
| Name of Authorized Representative  |   |                                 | Date 4/4/2023                         |                                       |               |                           |  |
| ISignature of Authorized Regresoriative  |   |                                 |                                       |                                       |               |                           |  |
| Malde  | <   |                                 |                                       |                                       |               | •                         |  |

MAIL TO:

**Division of Business Services** 

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