



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year:** 2023  
**Corporation**

APR 18 2023  
 BY Blode  
 FS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number <b>000054771</b>		2. Exact name of the Corporation <b>UNITED SITE DEVELOPMENT, INC.</b>			
3. Principal Office Address <b>154 Dexter Lane</b>			City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
4. NAICS Code <b>237990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Excavation, site work, ISDS design and construction</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Donatelli</b>			Vice-President Name <b>Michael Donatelli</b>		
Street Address <b>154 Dexter Lane</b>			Street Address <b>154 Dexter Lane</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Michael Donatelli</b>			Treasurer Name <b>Michael Donatelli</b>		
Street Address <b>154 Dexter Lane</b>			Street Address <b>154 Dexter Lane</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			1,000		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. <b>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.</b>					
Name of Authorized Representative <b>Michael Donatelli</b>					Date <b>4/4/2023</b>
Signature of Authorized Representative <i>Michael Donatelli</i>					