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.			- - 91	RECEIVED	STAMP
			R.I. DEPT. OF STATE  PUS SYCS DIV.  2023 MAY 19 P 12: 25		
1. Entity ID Number 000789543	2. Exact nam UNICO	e of the Corporation <b>Л, INC</b> .			
3. Principal Office Address 56 Exchange Terrace			City Providence	State RI	Zip 02903
4. NAICS Code 443142 5. State of Incorporation Rhode Island			er of business conducted in a		
7. List ALL officers (names and addresses) President Name Barry J. Schiff			Cineck the box to indicate an attachment Vice-President Name  Barry J. Schiff		
Street Address 68 Mauran Street			Street Address 68 Mauran Street		
City Cranston	State RI	<sup>Zip</sup> 02910	City Cranston	State RI	<sup>Z<sub>ip</sub></sup> 02910
Secretary Name Barry J. Schiff			Treasurer Name Barry J. Schiff		
Street Address 68 Mauran Street			Street Address 68 Mauran Street		
City Cranston	State RI	<sup>Zip</sup> 02910	City Cranston	State RI	<sup>Zip</sup> 02910
8. List ALL directors (names and addresses) Director Name			Check the box to indicate an attachment [		
Barry J. Schiff					
Street Address 68 Mauran S	treet		Street Address		
City Cranston	State RI	<sup>Zip</sup> 02910	Cily	State	Zıp
Director Name	-		Director Name	*	·
Street Address			Street Address		

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.

10. Shares Issued

1,000.00

NUMBER OF SHARES

Name of Authorized Representative

Barry J. Schiff
Signatura of Authorized/Representation

This information is currently of record in the

Changes require an additional filing.

4/5/23

Check the box to indicate an attachment

0.0100

FILED

MAIL TO:

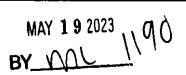
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

9. Shares Authorized

Department of State.



CLASS/SERIES

STK

FORM 630 - Revised: 2/2023