



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.

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BUS SVCS DIV

STAMP

2023 MAY 19 P 12:25

1. Entity ID Number 000789543		2. Exact name of the Corporation UNICOM, INC.			
3. Principal Office Address 56 Exchange Terrace		City Providence		State RI	Zip 02903
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island Computer Sales, repair and all lawful business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barry J. Schiff			Vice-President Name Barry J. Schiff		
Street Address 68 Mauran Street			Street Address 68 Mauran Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 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	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Barry J. Schiff			Director Name		
Street Address 68 Mauran Street			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000.00	STK	0.0100
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 Barry J. Schiff					Date 4/5/23
Signature of Authorized Representative 					

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

MAY 19 2023

BY mol 1190

FORM 630 - Revised: 2/2023