



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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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number 001713563		2. Exact name of the Corporation UL Verification Services Inc.			
3. Principal Office Address 333 Pflngsten Road			City Northbrook	State IL	Zip 60062
4. NAICS Code 541380		6. Brief description of the character of business conducted in Rhode Island Inspecting, Testing, Auditing, Software Licensing, Certification and Other Services Related to Safety Sustainability Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Todd Denison			Vice-President Name Ryan Robinson		
Street Address 333 Pflngsten Road			Street Address 333 Pflngsten Road		
City Northbrook	State IL	Zip 60062	City Northbrook	State IL	Zip 60062
Secretary Name Jacqueline McLaughlin			Treasurer Name		
Street Address 333 Pflngsten Road			Street Address		
City Northbrook	State IL	Zip 60062	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Todd Denison			Director Name		
Street Address 333 Pflngsten Road			Street Address		
City Northbrook	State IL	Zip 60062	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		101	Common	\$1.00	
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 Todd Denison					Date July 14, 2023
Signature of Authorized Representative <i>Todd G. Denison</i>					FILED

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BY CYLDHXB
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MAIL TO:
Division of Business Services
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