



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 AMENDED
Corporation

AMENDED

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

2023 AUG 10 P 1:05

1. Entity ID Number 001713563		2. Exact name of the Corporation UL Verification Services Inc.			
3. Principal Office Address 333 Pfingsten 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 Pfingsten Road			Street Address 333 Pfingsten Road		
City Northbrook	State IL	Zip 60062	City Northbrook	State IL	Zip 60062
Secretary Name Jacqueline McLaughlin			Treasurer Name Konrad Pienaar		
Street Address 333 Pfingsten Road			Street Address 333 Pfingsten Road		
City Northbrook	State IL	Zip 60062	City Northbrook	State IL	Zip 60062
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Todd Denison			Director Name Ryan Robinson		
Street Address 333 Pfingsten Road			Street Address 333 Pfingsten Road		
City Northbrook	State IL	Zip 60062	City Northbrook	State IL	Zip 60062
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		
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 J. Denison</i>					FILED AUG 10 2023

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY _____



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 10, 2023 01:05 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

