



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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2023 NOV 30 A 8:46

1. Entity ID Number 001707023		2. Exact name of the Corporation Universal Connectivity, Inc.												
3. Principal Office Address 8 N Main St			City West Hartford	State CT	Zip 06107									
4. NAICS Code 517911		6. Brief description of the character of business conducted in Rhode Island Telecommunications and all related												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name James Smith			Vice-President Name											
Street Address 14 Stoner Drive			Street Address											
City West Hartford	State CT	Zip 06107	City	State	Zip									
Secretary Name Heather Munigle			Treasurer Name											
Street Address 14 Stoner Drive			Street Address											
City West Hartford	State CT	Zip 06107	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name James Smith			Director Name											
Street Address 14 Stoner Drive			Street Address											
City West Hartford	State CT	Zip 06107	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 <input type="checkbox"/>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>3000</td> <td>common</td> <td>0.1</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	3000	common	0.1			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
3000	common	0.1												
Changes require an additional filing.														
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 James Smith				Date 11/29/2023										
Signature of Authorized Representative 														

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

FILED

NOV 30 2023
BY ML PEVAC
8:47

FORM 630- Revised: 04/2023