	State	of Rhode Isla	and	Fee: \$50.00
Office of the Secretary of Sta				
Division Of Business Services				
148 W. River Street Providence RI 02904-2615				
1636		01) 222-3040	2015	
Limited Liability C	Company			
Annual Report Filing Period: Februa	arv 1 - Mav 1			
		nited liability on	mpany failing or	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by				
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>				
1. ID No. <u>000146448</u>				
2. Exact Name of the Limited Liability Company <u>UNITED BETTER HOMES, LLC</u>				
3. State of Format	ion			
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>238900</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>REHABILITATION RENTAL PROPERTY SUB-CONTRACTING</u>				
5. Principal Office	Address			
No. and Street:	535 PINE STREET			
City or Town:	CENTRAL FALLS	State: <u>RI</u>	Zip: <u>02863</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Co	ontact Title:			
No. and Street: City or Town:	<u>535 PINE STREET</u> CENTRAL FALLS	State: RI	Zip: <u>02863</u>	Country: <u>USA</u>
			21p. <u>02003</u>	<u> </u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
JONATHAN L. UCRAN CPA <u>36 SMITH AVE</u> GREENVILLE , <u>RI 02828</u>				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of January, 2024 at 3:37:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JONATHAN L UCRAN CPA Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved