



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

MAR 04 2024

8031

1. Entity ID Number 56972		2. Exact name of the Corporation UNITED REMODELING AND INTERIORS INC.			
3. Principal Office Address 285 NORTH ROAD			City PASCOAG	State RI	Zip 02859
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JERRY PRETE			Vice-President Name MARGARET PRETE		
Street Address 285 NORTH ROAD			Street Address 285 NORTH ROAD		
City PASCOAG	State RI	Zip 02859	City pascoag	State ri	Zip 02859
Secretary Name JAMES PRETE			Treasurer Name JERRY PRETE		
Street Address 978 SMITHFIELD AVE			Street Address 285 NORTH ROAD		
City LINCOLN	State RI	Zip 02865	City PASCOAG	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. 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 Jerry A. Prete					Date 3/1/24
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov