



**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.

REC'D RIDOS PSD  
APR 17 AM 10:50:43

1. Entity ID Number <b>796249</b>		2. Exact name of the Corporation <b>Unisource International Development and Construction Company</b>			
3. Principal Office Address <b>521 Roosevelt Ave</b>			City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>53 110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of real estate development and construction</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Louis Yip</b>			Vice-President Name <b>Tze Ping NG</b>		
Street Address <b>71 Wingate Rd</b>			Street Address <b>76 Middle Rd</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Louis Yip</b>			Treasurer Name <b>Ng Tze Ping</b>		
Street Address <b>71 Wingate Rd</b>			Street Address <b>76 Middle Rd</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES <b>600</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>No Par</b>
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.					
<b>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.</b> <span style="float: right;"><b>FILED</b></span>					
Name of Authorized Representative <b>Louis Yip</b>				Date <b>4/1/2024</b>	
Signature of Authorized Representative 				Date <b>APR 17 2024</b>	
				BY <b>ZEF5R</b>	

MAIL TO:  
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