



State of Rhode Island
Department of State - Business Services Division

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MAY 01 2024

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DEPARTMENT OF STATE
PROVIDENCE, RHODE ISLAND

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.

1. Entity ID Number 55666		2. Exact name of the Corporation Universal Resources, Ltd.			
3. Principal Office Address 24 Colvintown Road			City Coventry	State RI	Zip 02816
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island General landscaping			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel R. Dulleba			Vice-President Name Vacant		
Street Address 24 Colvintown Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Daniel R. Dulleba			Treasurer Name Daniel R. Dulleba		
Street Address 24 Colvintown Road			Street Address 24 Colvintown Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel R. Dulleba			Director Name		
Street Address 24 Colvintown Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No 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 DANIEL R DULLEBA				Date 4/21/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov