

**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
**MAR 20 2025**  
BY 17406 *R*

1. Entity ID Number 001671576		2. Exact name of the Corporation UTILE INC.			
3. Principal Office Address 115 KINGSTON STREET			City BOSTON		State MA
4. NAICS Code 541310			6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation MA		ARCHITECTS			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name TIMOTHY D. LOVE			Vice-President Name		
Street Address 122 F STREET			Street Address		
City SOUTH BOSTON	State MA	Zip 02127	City	State	Zip
Secretary Name			Treasurer Name MATTHEW LITTELL		
Street Address			Street Address 31 OAKVIEW TERRACE		
City	State	Zip	City JAMAICA PLAIN	State MA	Zip 02130
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name MICHAEL S. LEBLANC			Director Name		
Street Address 190 NORWOOD STREET			Street Address		
City SHARON	State MA	Zip 02067	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		425			0
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>					
Name of Authorized Representative <i>[Signature]</i>					Date 3/18/2025
Signature of Authorized Representative TIMOTHY D. LOVE					

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