



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

**FILED**

MAY 21 2021

BY 1195 DS

Annual Report for the year: 2021  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>001714832</b>		2. Exact name of the Corporation <b>UNION REALTY INC</b>			
3. Principal Office Address 139 BROAD STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name BIRGILIO CABRAL			Vice-President Name PEDRO MATEO		
Street Address 39 LUPINE STREET			Street Address 33 SWEET BRIAR AVE		
City PAWTUCKET	State RI	Zip 02860	City RIVERSIDE	State RI	Zip 02915
Secretary Name JOSE CABRAL			Treasurer Name		
Street Address 72 RILEY STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
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		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		CWP	0.001
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 BIRGILIO CABRAL				Date 04/23/2021	
Signature of Authorized Representative 					