RI SOS Filing Number: 202215513210 Date: 4/14/2022 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022 Corporation

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R.I. DEPT. OF STATE BUS SVCS DIV

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-> Filing period: February 1 - May 1

→ Filing Fee: \$50,00 → Penalty: Additional \$25.00 fe	e if form is not	filed by May 31.		COLL MEU	 In 15 5:	05	
1. Entity ID Number 001714832	2. Exact name of the Corporation UNION REALTY INC						
3. Principal Office Address 139 BROAD STREET		City PAWTUCKET		State RI	Zip 02860		
4. NAICS Code 531110	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 add	dresses) Check the box to indicate an attachment						
President Name BIRGILIO CABRAL			Vice-President Name JOSE CABRAL				
Street Address 39 LUPINE STREET			Street Address 7 RELEY STREET				
CITY PAWTUCKET	State RI	^{Zip} 02860	City PAWTUCKET		State RI	^{Zip} 02860	
Secretary Name FENELA CABR			Treasurer Name PEDRO MATEO				
Street Address 280 PROVIDEN			Street Address 33 SWEET BRIAR AVE				
City RIVERSIDE	State RI	^{Zip} 02915	City RIVERSIDE		State RI	^{Žip} 02915	
List ALL directors (names and ac Director Name	ldresses)		Director Name	 	the box to i	ndicate an attachment	
Director Name			Director Name	Director Name			
Street Address		Street Address					
City	State	Zlp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zîp	City		State	Zlp	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CWP		0.001	
Changes require an additional filing.							
11. This report must be executed o	n behalf of the o	corporation by an a	authorized repres	entative. If the corpo	oration is in t	he hands of a receiver or	
trustee, this report must be execute Under penalty of perjury, I declar statements, and that all statemen	ed on behalf of t	he corporation by	the receiver or tr	ustee,		a bandada a sand	
Under penalty of perjury, I decial statements, and that all statemen	re and affirm th nts contained i	iat i have examine herein are true an	ea this report, ii d correct.	nciuding any accor	npanying s	cnedules and	
Name of Authorized Representative					Date		
BIRGILIO CABRAL				04/02		/2022	
Signature of Authorized Representative APR 14 2022							
MAIL-TO: (APR 14 2022							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rl.gov

FORM 630 - Revised: 11/2021