



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 147462		2. Exact name of the limited liability company UNITY AVE. REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island the ownership and development of real property			
5. Principal office address 26 Unity Avenue		City East Providence	State RI	Zip 02914-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name The Antonio A. Arruda Revocable Trust - 2000			Contact Title Member		
Street Address 26 Unity Avenue		City East Providence	State RI	Zip 02914-0000	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Antonio A. Arruda			Manager Name Aida B. Arruda		
Street Address 21 Jane Howland Place		Street Address 21 Jane Howland Place			
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Louis A. Sousa, Esq.			Address Lisa & Sousa, Ltd., 5 Benefit Street		
Address		City Providence	State RI	Zip 02904	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

File Date **OCT 15 2008**

Check No. **1124**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person **Antonio A. Arruda** Date **September 2, 2008**
 The Antonio A. Arruda Revocable Trust - 2000
 By: **Antonio A. Arruda, Trustee**
 Print or Type Name of Authorized Person
Member