



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
(01.222.3040)

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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 This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

FILED

File Date **NOV 22 2010**

Check No. **By: *[Signature]***

By: **1204**

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] **09/01/2010**
Signature of Authorized Person Date
The Antonio A. Arruda Revocable Trust - 2000
By: **Antonio A. Arruda, Trustee**
Print or Type Name of Authorized Person
Member