



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

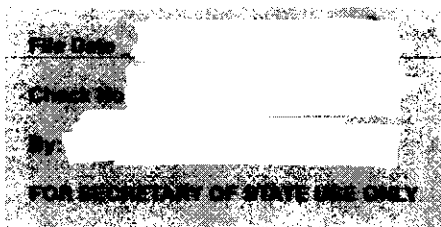
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity 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 business 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	
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. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. (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 Form 642.					

FILED

AUG 20 2012

By MNC
 CR # 1012



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.

Antonio A. Arruda 09/04/2012
 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