



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 161644		2. Name of Corporation UNION CITY CAPITAL, INC.									
3. Street Address Principal Business Office P.O. Box 973		City North Kingstown		State Rhode Island		Zip 02852					
4. Business Phone No. 401-295-2626		5. State of Incorporation Rhode Island									
6. Brief Description of the Character of Business Conducted in Rhode Island Finance of Commercial Real Estate											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Donna Wurafic			Vice President Name Donna Wurafic								
Street Address P.O. Box 973			Street Address P.O. Box 973								
City North Kingstown		State Rhode Island		City North Kingstown		State Rhode Island		Zip 02852			
Secretary Name Donna Wurafic			Treasurer Name Donna Wurafic								
Street Address P.O. Box 973			Street Address P.O. Box 973								
City North Kingstown		State Rhode Island		City North Kingstown		State Rhode Island		Zip 02852			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name Donna Wurafic			Director Name								
Street Address P.O. Box 973			Street Address								
City North Kingstown		State Rhode Island		City		State		Zip			
Director Name			Director Name								
Street Address			Street Address								
City		State		City		State		Zip			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES							ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
1000		Common		No Par Value		100		Common		No Par Value	

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.

FILED

AUG 08 2008 1:54

By 065362 KMC

File Date

Check No.

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.

Donna Wurafic 8-7-08
Signature Date

Donna Wurafic

Print or Type Name

President

Title