



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 2009

**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.<br>35364                                                                                                                               |             | 2. Name of Corporation<br>United Properties, Inc. |                                           |                        |                           |
| 3. Street Address Principal Business Office<br>1025 Chalkstone Avenue                                                                                      |             |                                                   | City<br>Providence                        | State<br>RI            | Zip<br>02908              |
| 4. Business Phone No.<br>401-453-1010                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island         |                                           |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Real Estate                                                                 |             |                                                   |                                           |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                   |                                           |                        |                           |
| President Name<br>Andreas Andreopoulos                                                                                                                     |             |                                                   | Vice President Name<br>Marie Andreopoulos |                        |                           |
| Street Address<br>41 High Gate Road                                                                                                                        |             |                                                   | Street Address<br>41 High Gate Road       |                        |                           |
| City<br>Cranston                                                                                                                                           | State<br>RI | Zip<br>02921                                      | City<br>Cranston                          | State<br>RI            | Zip<br>02920              |
| Secretary Name<br>Andreas Andreopoulos                                                                                                                     |             |                                                   | Treasurer Name<br>Marie Andreopoulos      |                        |                           |
| Street Address<br>41 High Gate Road                                                                                                                        |             |                                                   | Street Address<br>41 High Gate Road       |                        |                           |
| City<br>Cranston                                                                                                                                           | State<br>RI | Zip<br>02920                                      | City<br>Cranston                          | State<br>RI            | Zip<br>02920              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                   |                                           |                        |                           |
| Director Name<br>Andreas Andreopoulos                                                                                                                      |             |                                                   | Director Name<br>None                     |                        |                           |
| Street Address<br>41 High Gate Road                                                                                                                        |             |                                                   | Street Address                            |                        |                           |
| City<br>Cranston                                                                                                                                           | State<br>RI | Zip<br>02920                                      | City                                      | State                  | Zip                       |
| Director Name<br>None                                                                                                                                      |             |                                                   | Director Name<br>None                     |                        |                           |
| Street Address                                                                                                                                             |             |                                                   | Street Address                            |                        |                           |
| City                                                                                                                                                       | State       | Zip                                               | City                                      | State                  | Zip                       |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                   |                                           |                        |                           |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |             |                                                   |                                           |                        |                           |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |             |                                                   |                                           |                        |                           |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             | Number of Shares<br>100                           |                                           | Class/Series<br>Common | Par Value<br>No Par Value |
| THIS SECTION MUST BE COMPLETED                                                                                                                             |             |                                                   |                                           |                        |                           |

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.

|                                 |         |
|---------------------------------|---------|
| File Date                       | 1-14-09 |
| Check No.                       | 3545    |
| By                              | MNC     |
| FOR SECRETARY OF STATE USE ONLY |         |

1/14/09  
3545  
MNC

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.

Andreas Andreopoulos  
Signature  
Date 1-12-09

Andreas Andreopoulos

Print or Type Name

President

Title