



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. 127358 | | 2. Name of Corporation UNITED GROWTH, INC. | | | |
| 3. Street Address Principal Business Office 243 Knight Street | | City Providence | | State RI | Zip 02910 |
| 4. Business Phone No. 401-521-4477 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To purchase, hold, manage, sell and otherwise deal in real estate | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Stephen P. Marra | | | Vice President Name None | | |
| Street Address 50 Main Street | | | Street Address | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip |
| Secretary Name Michael G. Marra | | | Treasurer Name Stephen P. Marra | | |
| Street Address 243 Knight Street | | | Street Address 50 Main Street | | |
| City Providence | State RI | Zip 02818 | City East Greenwich | State RI | Zip 02818 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares | Class/Series | Par Value |
| | | | 100 | common | no par |

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.

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

Date

Stephen P. Marra

Print or Type Name

President

Title

| | |
|---------------------------------|---------|
| File Date | 2-26-09 |
| Check No. | 149 |
| By: | MNC |
| FOR SECRETARY OF STATE USE ONLY | |