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 ___2011___

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.	2. Name of Corporation
105062	THIRTY-FIVE UNION STREET ASSOCIATES, INC.

3. Street Address Principal Business Office	City	State	Zip
572 MAIN STREET	Warren	RI	02885

4. Business Phone No.	5. State of Incorporation
245-5650	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
TO BUY, SELL AND OTHERWISE DEAL WITH REAL ESTATE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
ELIZABETH MAC KENTY	

Street Address			Street Address		
29 FAIR OAKS DRIVE					

City	State	Zip	City	State	Zip
LINCOLN	RI	02865			

Secretary Name	Treasurer Name
THOMAS E. WRIGHT	ELIZABETH MAC KENTY

Street Address			Street Address		
572 MAIN STREET			29 FAIR OAKS DRIVE		

City	State	Zip	City	State	Zip
WARREN	RI	02885	LINCOLN	RI	02865

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
None	

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

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	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

File Date	JAN 28 2011
Check No.	
By:	BY 12331

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.

Elizabeth Mac Kenty (signature)   (-21-11

Signature   Date

ELIZABETH MAC KENTY
Print or Type Name

President
Title

Form 630 Rev. 08/08