

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file it.

(R.I.G.L. 7-16-66 (b&c))) is subject to a penalty fee of \$2	25.00.	roganing to you to annual report amount for	y (50) may agree we write pre	ornotti oy mte	
1. 1D No. 157644	2. Exact name of the limited liability company					
	United Real Estate Management LLC					
3. State of Formation RI	4. Brief description	4. Brief description of the character of the business which is actually conducted in Rhode Island				
	To own	To own and manage Real Estate				
5. Principal office address 148 Main Street			E. Greenwich	State RI	02818	
6. MAILING ADDR	RESS OF LIMITED LIABI	LITY COMPANY ANI	D NAME OR TITLE OF CONTACT	PERSON:	•	
Jason Yau			Contact Title	•		
Street Address			Member			
			City	State	Zip	
94 Castle Roo	ck Road		Warwick	RI	02886	
7. NAME AND AD			ED LIABILITY COMPANY, IF APP		LIST MEMBERS	
	FILL IN S	SPACES BEFORE USI	ING ATTACHMENTS ("X" BOX F	OR ATTACHMENT)		
Manager Name N/A			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			•			
Manager Name			Manager Name	Manager Name		
			<u> </u>			
Street Address			Street Address	Street Address		
City	State	Zip		St	To.	
City	Sittle	Ζιμ	City	State	Zip	
8. RESIDENT AGE	NT IN RHODE ISLAND	I	•	i	I	
· · · · ·		Office of the Secretary	of State. Changes require filing of I	Form 642 - R.I.G.L. 7-16	5-11	
	<u>, </u>					
					200 100 100 100 100 100 100 100 100 100	
					\$50.00 \$50.00 2011 APR	
					PR (A)	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date FOR SECRETARY OF STATE USE ON 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.

Jason Yau

Print or Type Name of Authorized Person