

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 _ 2010

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 its annual report within thirty (30) days after the time prescribed by law

	is subject to a penalty fee of \$25					
275/6/	2. Exact name of the limited	was UC				
3 State of Formation	4. Brief descriptio		which is actually conducted in Rhode Islan	d		
5. Principal office addres	1257 PM		Shov.	State A	صرن محرين	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			ME OR TITLE OF CONTACT PERS	Contact Title		
Street Address GREENWILH AVE ADD/			1 WARWICK	State R. T	27886	
7. NAME AND ADD	ORESS OF EACH MANA FILL IN S	GER OF THE LIMITED LI SPACES BEFORE USING A	ABILITY COMPANY, IF APPLICAL TRACHMENTS ("X" BOX FOR AT	BLE - <u>DO NOT L</u>) TACHMENT)	ST MEMBERS	
Manager Nume			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	Giy	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Ζip	
8. RESIDENT AGE This information is	NT IN RHODE ISLAND currently of record in the	Office of the Secretary of S	tate. Changes require filing of Form	642 - R.I.G.L. 7-16-1	2011 SE	
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	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.
File Date	Fre 1 1/20/11
Check No AUG 22 2011	Signature of Authorized Person Date
By 0632	FRANKUSD THYPLES
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person
	Form 632 Rev. 08/08