



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000058878		2. Exact name of the Corporation Union Mall Real Estate Corporation		
3. Principal office address 160 Broad Street		City Providence	State RI	Zip 02903
4. Business Phone No. 401-521-2255		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Manage real estate				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Anne M. Nolan		Vice-President Name Laurie A. Devlin		
Street Address 160 Broad Street		Street Address 160 Broad Street		
City Providence	State RI	Zip 02903	City Providence	State RI
Secretary Name Mary Leahey		Treasurer Name Marian L. Barrette		
Street Address Coldwell Banker, 875 Oaklawn Avenue		Street Address Citizens Bank, 1 Citizens Plaza		
City Cranston	State RI	Zip 02920	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		10,000	Common	1.00

2013 JAN 25 PM 12:03
 STATE OF RHODE ISLAND
 SECRETARY OF STATE

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JAN 25 2013

BY **M 188485**

12:03

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] _____
 Signature of Authorized Representative Date **1/22/13**

Laurie A. Devlin
 Print or Type Name of Authorized Representative