



**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 2009**

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

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

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 of Authorized Representative

**Laurie A. Devlin**

Print or Type Name of Authorized Representative

Date

JAN 25 2013  
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