



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 2006**

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>	Zip <b>02903</b>	
4. Business Phone No. <b>401-521-2255</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>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Edwin Santos</b>		Treasurer Name <b>Sandra Marano, CPA</b>			
Street Address <b>234 Mourning Dove Drive</b>		Street Address <b>AldoTech Corporation, 71 Norwood Ave</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</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	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) <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10,000	Common	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

Date

**Laurie A. Devlin**

Print or Type Name of Authorized Representative