



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97841  
 2. Name of Corporation United Realty Corp.  
 3. Street Address Principal Business Office  
 10 IVY GARDEN WAY  
 City EAST GREENWICH State RI Zip 02818-  
 4. Business Phone No. 4013312222  
 5. State of Incorporation RHODE ISLAND  
 6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island  
 TO ACQUIRE BY PURCHASE, LEASE, TRANSFER, GIFT OR OTHERWISE AND TO HOLD, OWN AND OPERATE CERTAIN REAL PROPERTY.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Milton Levin  
 Vice President Name N/A  
 Street Address 10 Ivy Garden Way  
 City East Greenwich State RI Zip 02818

Secretary Name Cynthia Levin  
 Treasurer Name Milton Levin  
 Street Address 10 Ivy Garden Way  
 City East Greenwich State RI Zip 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Milton Levin  
 Director Name Norman Kantor  
 Street Address 8 Ramapo Way  
 City Westfield State NJ Zip 07090  
 Director Name N/A  
 Director Name N/A

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
8,000	COMM NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 7 8 4 1

\*97841 DBC 02/09/05 12:22:55 PM\*  
 File Date 2-18-05  
 Check No. 8005  
 By: [Signature]  
 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] Feb. 16, 2005  
 Signature of Officer Date  
 MILTON LEVIN  
 Print or Type Name of Officer  
 PRESIDENT  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>97841</b>		2. Name of Corporation <b>United Realty Corp.</b>					
3. Street Address Principal Business Office <b>10 Ivy Garden Way</b>				City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	
4. Business Phone No <b>401-331-2222</b>			5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5538</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ACQUIRE BY PURCHASE, LEASE, TRANSFER, GIFT OR OTHERWISE AND TO HOLD, OWN AND OPERATE CERTAIN REAL PROPERTY</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>Milton Levin</b>				Vice President Name <b>N/A</b>			
Street Address <b>10 Ivy Garden Way</b>				Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip		
Secretary Name <b>Cynthia Levin</b>				Treasurer Name <b>Milton Levin</b>			
Street Address <b>10 Ivy Garden Way</b>				Street Address <b>10 Ivy Garden Way</b>			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name <b>Milton Levin</b>				Director Name <b>Norman Kantor</b>			
Street Address <b>10 Ivy Garden Way</b>				Street Address <b>837 Ramapo Way</b>			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Westfield</b>	State <b>NJ</b>	Zip <b>07090</b>		
Director Name <b>N/A</b>				Director Name <b>N/A</b>			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES			ISSUED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value		
<b>8,000 COMM NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 7 8 4 1 \*

File Date 2-18-04  
Check No. 7491  
By: [Signature]  
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 stated contained herein are true and correct.

Milton Levin 2/12/04  
Signature of Officer Date

**MILTON LEVIN**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903 1335  
401.222.3940

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: \*97841\*  
 2. Name of Corporation: United Realty Corp.  
 3. Street Address Principal Business Office: 10 Ivy Garden Way  
 City: East Greenwich State: RI Zip: 02818-  
 4. Business Phone No: 401-331-2222  
 5. State of Incorporation: RHODE ISLAND  
 6. SIC Code: 5538  
 7. Brief Description of the Character of Business Conducted in Rhode Island: Real estate holding

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Milton Levin Street Address 10 Ivy Garden Way City: East Greenwich State: RI Zip: 02818	Vice President Name N/A Street Address  City: State: Zip:
Secretary Name Cynthia Levin Street Address 10 Ivy Garden Way City: East Greenwich State: RI Zip: 02818	Treasurer Name Milton Levin Street Address Same City: State: Zip:

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Milton Levin Street Address Same City: State: Zip:	Director Name Norman Kantor Street Address #37 Rainapo Way City: Westfield State: NJ Zip: 07090 Director Name N/A Street Address  City: State: Zip:
--	--

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
8,000 COMM NO PAR VALUE		

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*97841 DBC2/10/0312:32:56 PM\*  
 File Date: 2-13-03  
 Check No: 1583  
 By: KM  
 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 Officer: Milton Levin Date: 2/10/03  
 Print or Type Name of Officer: Milton Levin  
 Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>97841</b>		2. Name of Corporation <b>United Realty Corp.</b>		
3. Street Address Principal Business Office <b>10 Ivy Garden Way</b>			City <b>East Greenwich</b>	State <b>RI</b>
			Zip <b>02818</b>	
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5538</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate holding</b>				
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name <b>Milton Levin</b>			Vice President Name <b>N/A</b>	
Street Address <b>10 Ivy Garden Way</b>			Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State
Secretary Name <b>Cynthia Levin</b>			Treasurer Name <b>Milton Levin</b>	
Street Address <b>10 Ivy Garden Way</b>			Street Address <b>Same</b>	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name <b>Milton Levin</b>			Director Name <b>Norman Kantor</b>	
Street Address <b>Same</b>			Street Address <b>837 Ramapo Way</b>	
City	State	Zip	City <b>Westfield</b>	State <b>NJ</b>
			Zip <b>07090</b>	
Director Name <b>N/A</b>			Director Name <b>N/A</b>	
Street Address			Street Address	
City	State	Zip	City	State
			Zip	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>	
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>8,000</b>	<b>COMM NO PAR VALUE</b>		<b>100</b>	<b>Common</b>
				<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

File Date: 6-14-02  
 Check No.: 1555  
 By: [Signature]

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, that all statements contained herein are true and correct.

Milton Levin 2/25/02  
 Signature of Officer Date  
**Milton Levin**  
 Print or Type Name of Officer  
**President**  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>97841</b>		2. Name of Corporation <b>United Realty Corp.</b>			
3. Street Address Principal Business Office <b>10 Ivy Garden Way</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5538</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate holding</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Milton Levin</b>			Vice President Name <b>N/A</b>		
Street Address <b>10 Ivy Garden Way</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Cynthia Levin</b>			Treasurer Name <b>Milton Levin</b>		
Street Address <b>10 Ivy Garden Way</b>			Street Address <b>Same</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Milton Levin</b>			Director Name <b>Norman Kantor</b>		
Street Address <b>Same</b>			Street Address <b>837 Ramapo Way</b>		
City	State	Zip	City <b>Westfield</b>	State <b>NJ</b>	Zip <b>07090</b>
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 COMM NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.

*Milton Levin* 2/25/02  
Signature of Officer Date

**Milton Levin**  
Print or Type Name of Officer

**President**  
Title of Officer

File Date: 3-1-02  
Check No.: 7120  
By: AMF  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **97841** 2. Name of Corporation **United Realty Corp.**  
3. Street Address Principal Business Office **361 Jefferson Boulevard** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 739-8000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real Estate holding**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Milton Levin</b>	Vice President Name <b>Jonathan L. Jenkins</b>
Street Address <b>14 Old Tannery Road</b>	Street Address <b>14 Snowdrop Drive</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Cynthia Levin</b>	Treasurer Name <b>Milton Levin</b>
Street Address <b>14 Old Tannery Road</b>	Street Address <b>14 Old Tannery Road</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Milton Levin</b>	Director Name <b>Norman Kantor</b>
Street Address <b>14 Old Tannery Road</b>	Street Address <b>837 Ramapo Way</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	City <b>Westfield</b> State <b>NJ</b> Zip <b>07090</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 COMM NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 7 8 4 1 \*

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: **FILED**

Check No.: **FEB 07 2001**

By: **By CA 0005511**

FOR SECRETARY OF STATE USE ONLY

Signature of Officer **Jonathan L. Jenkins** Date **1/25/01**  
Print or Type Name of Officer  
**Jonathan L. Jenkins**  
**Vice President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of  
Corporations Divi  
100 North Main Street, Providence, RI 02903-  
401-222-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **97841** 2. Name of Corporation **United Realty Corp.**  
3. Street Address Principal Business Office **361 Jefferson Boulevard** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 739-8000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

Real estate holding

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Milton Levin</b> Street Address <b>14 Old Tannery Road</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Vice President Name <b>Jonathan L. Jenkins</b> Street Address <b>14 Snowdrop Drive</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Cynthia Levin</b> Street Address <b>14 Old Tannery Road</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Treasurer Name <b>Milton Levin</b> Street Address <b>14 Old Tannery Road</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Milton Levin</b> Street Address <b>14 Old Tannery Road</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Director Name <b>Norman Kantor</b> Street Address <b>837 Ramapo Way</b> City <b>Westfield</b> State <b>NJ</b> Zip <b>07090</b>
---	--

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 COMM NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 9 7 8 4 1 \*

File Date: \_\_\_\_\_

Check No.: JUL 21 2000

By: [Signature]

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.

Jonathan L. Jenkins 1/28/00  
Signature of Officer Date  
**Jonathan L. Jenkins**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>97841</b>		2. Name of Corporation <b>United Realty Corp.</b>	
3. Street Address Principal Business Office <b>361 Jefferson Boulevard</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 739-8000</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real estate holding</b>		6. SIC Code <b>5538</b>	
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Milton Levin</b>		Vice President Name <b>Jonathan L. Jenkins</b>	
Street Address <b>14 Old Tannery Road</b>		Street Address <b>22 MacIntosh Drive</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02921</b>	
Secretary Name <b>Cynthia Levin</b>		Treasurer Name <b>Milton Levin</b>	
Street Address <b>14 Old Tannery Road</b>		Street Address <b>14 Old Tannery Road</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Milton Levin</b>		Director Name <b>Norman Kantor</b>	
Street Address <b>14 Old Tannery Road</b>		Street Address <b>837 Ramapo Way</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Westfield</b>	State <b>NJ</b>
Zip <b>02906</b>		Zip <b>07090</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>		<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>8,000 COMM NO PAR VALUE</b>		<b>100</b>	<b>Common</b>
			<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



**FILED**

File Date: **FEB 12 1999**

Check No.: By **cc 3690**

By: *[Signature]*

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]* **Jonathan L. Jenkins** 2/9/99  
Signature of Officer Date

**Jonathan L. Jenkins**  
Print or Type Name of Officer

**Vice President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1  
401-277-3

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **97841** 2. Name of Corporation **UNITED REALTY CORP.**  
3. Street Address Principal Business Office **361 Jefferson Boulevard** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 739-8000** 5. State of Incorporation **Rhode Island** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Real Estate holding**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name **Milton Levin**  
Street Address **14 Old Tannery Road**  
City **Providence** State **RI** Zip **02906**

Vice President Name **Jonathan L. Jenkins**  
Street Address **22 MacIntosh Drive**  
City **Cranston** State **RI** Zip **02921**

Secretary Name **Cynthia Levin**  
Street Address **14 Old Tannery Road**  
City **Providence** State **RI** Zip **02906**

Treasurer Name **Milton Levin**  
Street Address **14 Old Tannery Road**  
City **Providence** State **RI** Zip **02906**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name **Milton Levin**  
Street Address **14 Old Tannery Road**  
City **Providence** State **RI** Zip **02906**

Director Name **Norman Kantor**  
Street Address **837 Ramapo Way**  
City **Westfield** State **NJ** Zip **07090**

Street Address  
City State Zip

Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000	Common	No Par

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

File Date: 7/17/98  
Check No.: 3106  
By: [Signature]  
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 Officer: [Signature] Date: 7/16/98  
**Jonathan L. Jenkins**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer