

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

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST RE TYPED OR PRINTED IN PLACE)

(FORM MUST BE TYPE		RINTED IN BLACK)	4 ming 1 ee. 350.00					
1. 1D No. 123097		t nume of the limited lia	bilty company	<u> </u>				
3. State of Formation	Unity	Partners, LLC	the character of the business	s which is actually conducted in	 		<u>. </u>	
RHODE ISLAND				SE AND MANAGEMENT OF		ERTY		
5. Principal office address			City	State		Zip		
466 DRY BRIDGE ROAD				NORTH KINGSTOWN	RI		02852-	
6. MAILING ADDR	ESS C	OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF	CONTACT	PERSON:		
Contact Nume JAMES A NOONEY	•			Contact Title				
Street Address			 -	• MEMBER *City	Ic.		In.	
46C DRY BRIDGE ROAD				NORTH KINGSTOWN	State R I		<i>Zip</i> 02852-	
7. NAME AND ADD	RĒSS	OF EACH MANAG	GER OF THE LIMIT	ED LIABILITY COMPA		ICADI E	02852-	
		FILL IN SPACES	BEFORE USING ATTAC	CHMENTS ("X" BOX FOR	ATTACHMENT	D 🗆		
	ANY M	ODIFICATIONS TO MA	MAGERS REQUIRES FI	LING OF AMENDMENT. R.I.O	3.L 7-16-12 (a)	2) / 7-16-52		
Manager Name				· Manager Name				
C		<u> </u>		•				
Street Address				· Street Address		-	<u></u>	
City		State	Zip	*City	State		Ta-	
				•	Sittle	-	Zip	
Manager Name	• • •	, , , , , , , , , , , , , , , , , , ,		Manager Name		• • • • • •	1	• • • •
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City	_ · ·	State	Zip	City	State			\$.
• • • • • • • • • • • • • • • • • • • •				•	State	•	Zip ·	,
8. RESIDENT AGENT	IN RI	IODE ISLAND -DO	NOT ALTER- Changes	require filling of Forn	642 - R.I.GI	7-16-11	·	
Agent Name		· — 	· · · ·	Address				
JOHN G. EARLE, E	ESQ.			222 JEFFERSON BOT	JLEVARD, S	UITE 30	0	
Address			<u></u>	City Zip				
				WARWICK		02888-		
				·		1 02 000		
This report must be s	igned	in ink by an autho	orized person pursuar	nt to 7-16-66.				
1	2 3	0 9 7		Under penalty of perjury	y, I declare and	affirm that I !	have examined	
*123097 DLLC 09/2 File Date /6/C Check No. By: FOR SECRETARY OF ST	4/0 62 (5 3/ 2/		this report, including an and that all statements of the statement of	y accompanying intained herein	g schedules a	nd statements, correct.	
-		J		/,			Form 632 Re	v. 6/02



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Filing Period: September	ILITY COM	PANY AN	NUAL REPORT FOR	THE YEA	R		
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123097` Uni	ty Partners, LLC	•	· • • • • • • • • • • • • • • • • • • •		2 2 2		
State of Formation	4. Brief description of	the character of the	e business which is actually conducted in I	Rhode Island	-		
RHODE ISLAND	ownership	p, purcha	ise, sale, lease an	d manageme	nt of real		
Principal office address			City	State	Zip prope:		
66 DRY BRIDGE RO	AD		NORTH KINGSTOWN	RI	02852-		
MAILING ADDRESS	OF LIMITED LIAF	ILITY COMPA	ANY AND NAME OR TITLE OF	CONTACT PERS	ON		
ontact Name			Contact Title	CONTRETTERS	0/1		
AMES A. NOONEY			•				
reet Address	<u> </u>		City	State	Zip		
66 DRY BRIDGE R	OAD		.NORTH KINGSTOWN	RI	02852-		
ANY	FILI. IN SPACES	BEFORE USING	LIMITED LIABILITY COMPA: GATTACHMENTS ("X" BOX FOR IRES FIUNG OF AMENDMENT, R.L.	ATTACHMENT) 🔲 🗆			
Manager Name			• Manager Name	· Manager Name			
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ly	State :-	Zıp	City	State	Zip		
RESIDENT AGENT IN	RHODE ISLAND -DO	NOT ALTER- CH	nanges require filing of Form	642 - RIGI 746	11		
ent Name			Address	TOTAL PERIODE PRO			
OHN G. EARLE, ESQ).		222 JEFFERSON BOU	LEVARD. SUITE	300		
Address		City		Zip			
		WARWICK	'				
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iis report must be signe	u in ink by an auth	iorizea person j	pursuant to 7-16-66.				



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B <u>y:</u>	<u> </u>	<u>، ا</u>		<u></u>
FOR SECR	ETAR	Y OF	STATE	USE ONLY

Under penalty of perjury, I declare and affirm the	at I have examined
this report, including any accompanying schedul	les and statements.
and that all statements copinied herein are true	and correct
(and borroot.
/ / //// manes	
(X A////() () () ()	- 9/17/04
Signature of Authorised Person Da	
Signature of Authorited Pfison Da	nte
Ilaman A Nahan	
James A. Nooney	
Print of Type Name of Authorized Person	
•	Farm 623 Barr 6803
	Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 123097 Unity Partners, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND own, lease and invest in real estate 5. Principal office address State 466 DRY BRIDGE ROAD NORTH KINGSTOWN RΙ 02852-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Name Contact Title JAMES A. NOONEY MEMBER Street Address City State 466 DRY BRIDGE ROAD .N. KINGSTOWN RI 02852 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address City State Zip City State Zip Manager Name Manager Name Street Address ·Street Address City State City Zip State Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL-7-16-11 JOHN G. EARLE 222 JEFFERSON BOULEVARD, SUITE 300 Address City Zip WARWICK 02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



123097	DLLC 10/14/03 03:2	28:59 PM			
File Date_	10/16/03				
Check No.	16244	C8950			
В <u>у:</u>	Kmc				
FOR SECRETARY OF STATE USE ONLY					