



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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123097		2. Exact name of the limited liability company Unity Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, PURCHASE, SALE, LEASE AND MANAGEMENT OF REAL PROPERTY	
5. Principal office address 466 DRY BRIDGE ROAD		City NORTH KINGSTOWN	State RI
			Zip 02852-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES A NOONEY		Contact Title MEMBER	
Street Address 466 DRY BRIDGE ROAD		City NORTH KINGSTOWN	State RI
			Zip 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	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN G. EARLE, ESQ.		Address 222 JEFFERSON BOULEVARD, SUITE 300	
Address		City WARWICK	Zip 02888-

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



1 2 3 0 9 7

123097 DLLC 09/26/05 11:04:58 AM	
File Date	10/4/05
Check No.	0231
By:	Ch
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 Person

James A. Nooney

Print or Type Name of Authorized Person

Date

9/26/05



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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123097		2. Exact name of the limited liability company Unity Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership, purchase, sale, lease and management of real property	
5. Principal office address 466 DRY BRIDGE ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES A. NOONEY		Contact Title	
Street Address 466 DRY BRIDGE ROAD		City NORTH KINGSTOWN	State RI
		Zip 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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN G. EARLE, ESQ.		Address 222 JEFFERSON BOULEVARD, SUITE 300	
Address		City WARWICK	Zip 02888-

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



1 2 3 0 9 7

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 Person

Date

James A. Nooney

Print or Type Name of Authorized Person

123097 DLLC 09/14/04 11:57:29 AM

File Date 11/12/04

Check No. 0190

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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
401.222.3040

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. 123097		2. Exact name of the limited liability company Unity Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island own, lease and invest in real estate	
5. Principal office address 466 DRY BRIDGE ROAD		City NORTH KINGSTOWN	State RI Zip 02852-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES A. NOONEY		Contact Title MEMBER	
Street Address 466 DRY BRIDGE ROAD		City N. KINGSTOWN	State RI Zip 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
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN G. EARLE		Address 222 JEFFERSON BOULEVARD, SUITE 300	
Address		City WARWICK	Zip 02888-

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



1 2 3 0 9 7

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 Person
JAMES A. NOONEY
Date 10/15/03
Print or Type Name of Authorized Person

123097 DLLC 10/14/03 03:28:59 PM
File Date 10/16/03
Check No. 16244 / C8959
By: KMC
FOR SECRETARY OF STATE USE ONLY