State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
106195	SalSam Properties, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Real Estate Development

5. Principal office address	City	State	Zip
400 Reservoir Avenue	Providence	RI	02907

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mal A. Salvadore	Manager

Street Address	City	State	Zip
400 Reservoir Avenue	Providence	RI	02907

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Mal A. Salvadore	400 Reservoir Avenue	Providence	RI	02807
Rocco M. Sammartino	56 Finch Lane	North Kingstown	RI	02874

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Mal A. Salvadore, Esq.	400 Reservoir Avenue	Providence, RI	02907

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

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.

11-13-2007

Signature of Authorized Person *Date*

[redacted] Mal A. Salvadore

Print or Type Name of Authorized Person

File Date	**FILED**
Check No.	NOV 16 2007
By:	By

FOR SECRETARY OF STATE USE ONLY