



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

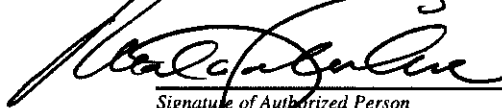
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |             |                                                                                                                              |                                     |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|--------------|
| 1. ID No.<br>106195                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>SalSam Properties, LLC.                                                    |                                     |              |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Real Estate Development |                                     |              |              |
| 5. Principal office address<br>400 Reservoir Avenue                                                                                                                                                           |             | City<br>Providence                                                                                                           | State<br>RI                         | Zip<br>02907 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                              |                                     |              |              |
| Contact Name<br>Mal A. Salvadore                                                                                                                                                                              |             |                                                                                                                              | Contact Title<br>Manager            |              |              |
| Street Address<br>400 Reservoir Avenue                                                                                                                                                                        |             | City<br>Providence                                                                                                           | State<br>RI                         | Zip<br>02907 |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                              |                                     |              |              |
| Manager Name<br>Mal A. Salvadore                                                                                                                                                                              |             |                                                                                                                              | Manager Name<br>Rocco M. Sammartino |              |              |
| Street Address<br>400 Reservoir Avenue                                                                                                                                                                        |             |                                                                                                                              | Street Address<br>56 Finch Lane     |              |              |
| City<br>Providence                                                                                                                                                                                            | State<br>RI | Zip<br>02807                                                                                                                 | City<br>North Kingstown             | State<br>RI  | Zip<br>02874 |
| Manager Name                                                                                                                                                                                                  |             |                                                                                                                              | Manager Name                        |              |              |
| Street Address                                                                                                                                                                                                |             |                                                                                                                              | Street Address                      |              |              |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                          | City                                | State        | 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<br>Mal A. Salvadore, Esq.                                                                                                                                                                          |             |                                                                                                                              | Address                             |              |              |
| Address<br>400 Reservoir Avenue                                                                                                                                                                               |             |                                                                                                                              | City<br>Providence, RI              | Zip<br>02907 |              |

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

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | NOV 16 2007 |
| Check No.                       | By 1411     |
| 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      Date 11-13-2007  
Mal A. Salvadore  
Print or Type Name of Authorized Person