



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. <b>118522</b>		2. Exact name of the limited liability company <b>SAMMY D REALTY LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE INVESTMENTS</b>			
5. Principal office address <b>600 MOSHASSUCK VALLEY INDUSTRIAL HIGHWAY</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>MARK GREENBERG</b>		Contact Title <b>MANAGER</b>			
Street Address <b>600 MOSHASSUCK VALLEY INDUSTRIAL HIGHWAY</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02860</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>MARK GREENBERG</b>		Manager Name			
Street Address <b>96 ROCKWOOD STREET</b>		Street Address			
City <b>JAMAICA PLAIN</b>	State <b>MA</b>	Zip <b>02130</b>	City	State	Zip
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 <b>CORPORATION SERVICE COMPANY</b>		Address <b>222 JEFFERSON BLVD.</b>			
Address <b>SUITE 200</b>		City <b>WARWICK RI</b>	State <b>RI</b>	Zip <b>02888</b>	

DEC 21 11:59

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

**FILED**

File Date **DEC 21 2007**

Check No. **D45165 11:59**

By: \_\_\_\_\_

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 \_\_\_\_\_

**MARK GREENBERG, MANAGER**

Print or Type Name of Authorized Person