

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 94027	2. Exact na SSAM R	2. Exact name of the limited liability company SSAM Realty Co., LLC					
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real estate leasing					
5. Principal office address One Randall Squa			City Providence	State Zip RI 02904			
6. MAILING ADDRESS C	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	Same Carry		
Contact Name Anthony L. Moulto			Contact Title Member				
Street Address One Randall Squar	reet Address One Randall Square, Suite 414			State RI	Zip 02904		
7. LIST ALL MANAGERS	S (NAMES AND ADI	ORESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER		
("X" BOX FOR ATTAC	HMENT)	The state of the s			riging a real of the property of the		
(A BOX FOR ATTAC	HMENT)	And the second second	Manager Name				
Manager Name None	HMENT)						
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Manager Name None Street Address City Manager Name	HMEN!)		Manager Name Street Address City		September 1 (September 1) E		
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Manager Name	State	Zip	Manager Name Street Address City Manager Name Street Address	State	Zip		

File Date	FILED	Under penalty of perjury, I declare and affirm the this report, including any accompanying sched and that all statements contained herein are true.	ules and statements.
Check No	SEP 2 0 2012	_ Copy Mareur	09/10/12
Ву:	1104	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	990	Anthony L. Moulton, Member	
	•	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012