



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 2013

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. 118522		2. Exact name of the limited liability company SAMMY D. REALTY LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE			
5. Principal office address 600 MOSHASSUCK VALLEY INDUSTRIAL HIGHWAY		City LINCOLN	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARK GREENBERG			Contact Title MANAGER		
Street Address C/O NETTTS, 304 VICTORY ROAD		City NORTH QUINCY	State MA	Zip 02171	
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) <input type="checkbox"/>					
Manager Name MARK GREENBERG			Manager Name		
Street Address 96 ROCKWOOD STREET			Street Address		
City JAMAICA PLAIN	State MA	Zip 02130	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 CORPORATION SERVICE COMPANY			Address 222 JEFFERSON BOULEVARD		
Address SUITE 200		City WARWICK	Zip 02888		

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

FILED

118522

AUG 21 2013

BY 1025

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.

8/19/13

Signature of Authorized Person

Date

MARK GREENBERG, MANAGER

Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY