



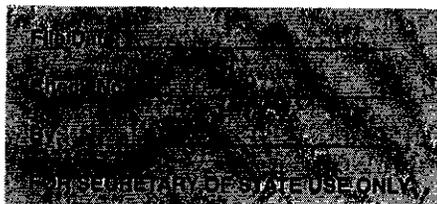
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 33407		2. Exact name of the Corporation Salmanson Properties Inc.			
3. Principal office address 155 South Main Street Ste. 401			City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-3400			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Real Estate					
OFFICERS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Jerrold Salmanson			Vice-President Name NONE		
Street Address 624 Blackstone Blvd.			Street Address		
City Prov.	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
DIRECTORS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	Common	no par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED
 FEB 13 2014
 6618

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.

Jerrold Salmanson 2/4/14
 Signature of Authorized Representative Date
 Jerrold Salmanson, President
 Print or Type Name of Authorized Representative