



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 **2015**

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. 155640		2. Exact name of the limited liability company SAMMY D. REALTY SERIES II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE			
5. Principal office address 600 MOSHASSUCK VALLEY INDUSTRIAL HIGHWAY		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARK GREENBERG			Contact Title MANAGING MEMBER		
Street Address C/O NETTTS, 304 VICTORY ROAD			City NORTH QUINCY	State MA	Zip 02171
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“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					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 24 2015

BY

1045

File Date _____

Check No _____

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