| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|---|--|
| Annual Report for the year: 2016 Limited Liability Company | |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | |

| | | | | | | |
|---|---|-----------------------|----------------------------------|--------------------------|-----------------------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 156743 | S.A.M. PROPERTIES, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 53 - Real Estate and Rental ar | PURCHASE, DELEVOPMENT AND SALE OF REAL ESTATE, ALL ACTIVITIES RELATED THERETO | | | | | |
| 5. State of Formation | AND ANY OTHER LAWFUL PURPOSE | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 8 KILEY WAY | | | COVENTRY | RI | 02816 | |
| 7. Mailing Address of Limited Lia | bility Company | and Name or Ti | | | | |
| Contact Name SHERYL L ANGELINO | | | Contact Title MEMBER | | | |
| Street Address 8 KILEY WAY | | | City COVENTRY | State RI | ^{Zip} 02816 | |
| 8. List ALL managers (names ar | nd addresses) (| of the Limited Lia | bility Company, IF APPLICAL | BLE - DO NOT LIST I | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| <u></u> | | <u> </u> | | Chack the hey to in | | |
| 9. Resident Agent in Rhode Island | d. This information | on is currently of re | cord with the Department of Stat | e Changes require filing | ndicate an attachment | |
| Under penalty of perjury, I decli statements, and that all stateme | are and affirm | that I have exam | mined this report, including | g any accompanying | schedules and | |
| Name of Authorized Person | , | | | Date | | |
| SHERYL ANGEZING | | | | 10-30-16 | | |
| Signature of Authorized Person | \bigcap | | | | | |
| Ahery (| Incell | end | | | | |
| | 1 | | | | FILED | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

NOV 0.7 2016

FORM 632 - Revised: 08/2016