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

	<del></del>					
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 Tit				
Contact Name SHERYL L ANGELINO			Contact Title MEMBER			
Street Address 8 KILEY WAY			City COVENTRY	State RI	<sup>Zip</sup> 02816	
8. List ALL managers (names ar	nd addresses) o	of the Limited Lial	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>	Charletha hay take		
9. Resident Agent in Rhode Island	d. This informatio	on is currently of rea	cord with the Department of Stat	Check the box to in	ndicate an attachment	
Under penalty of perjury, I deci statements, and that all statem	are and affirm	that I have exam	nined this report, including	g any accompanying	schedules and	
Name of Authorized Person	ins contained	u nerem are trus	and correct.			
SHERYL ANGEZING Signature of Authorized Person Mery angeline				Date 10 - 30 - 16		
Signature of Authorized Person	$\Omega$		· · · · · · · · · · · · · · · · · · ·			
Shery (	Inceli	end				
7	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