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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 2017

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 nar	2. Exact name of the limited liability company				
	SAMMY D. REALTY SERIES II, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	RENTAL REAL ESTATE					
5. Principal office address 600 MOSHASSUCK VALLEY INDUSTRIAL HIGHWAY			City PAWTUCKET	State RI	Zip 02860	
E MAIENGADDHESE		A SCONIFANTANDA BASTE	Constant Control	ich Ass		
Contact Name MARK GREENBERG			Contact Title MANAGING MEMBER			
Street Address C/O NETTTS 304 VICTORY ROAD			NORTH QUINCY	State MA	Zip 02717	
7. LIST ALL MANAGERS (("X" BOX FOR ATTACHE	NAMES AND ADD	RESSES) OF THE LIMITE	D LIABILITY COMPANY, IF A	PPLICABLE DO	NOT LIST MENBERS	
Manager Name MARK GREENBERG			Manager Name			
Street Address C/O NETTTS 304 VICTORY ROAD			Street Address			
City NORTH QUINCY	State MA	Zip 02171	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN FI						
This information is current	ly of record in the	e Office of the Secretary of	of State. Changes require fillr	ng Form 642.	· · · · · · · · · · · · · · · · · · ·	

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Form No. 632 Revised: 01/2012 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

0/21/2017 Date

Print or Type Name of Authorized Person