



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 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 02717	
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 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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 23 2017

BY 1064 [Signature]

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] 8/21/2017
 Signature of Authorized Person Date
MARK GREENBERG
 Print or Type Name of Authorized Person