



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 21 2018

BY

79440

1. Entity ID Number 72529		2. Exact name of the Corporation Samson Realty, Ltd.			
3. Principal Office Address 346 Wickenden Street		City Providence		State RI	Zip 02903
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island real estate agency			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martin Saklad		Vice-President Name Martin Saklad			
Street Address 346 Wickenden Street		Street Address 346 Wickenden Street			
City Providence	State	Zip	City Providence	State RI	Zip 02903
Secretary Name Martin Saklad		Treasurer Name David Schaeffer			
Street Address 346 Wickenden Street		Street Address 346 Wickenden Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Martin Saklad		Director Name David Schaeffer			
Street Address 346 Wickenden Street		Street Address 346 Wickenden Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		common	\$1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative Martin Saklad				Date 1/22/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	