



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**FILED**

NOV 13 2018 IP

BY

21336

*[Signature]*

Annual Report for the year: **2018**

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<br><b>140950</b>   |  | 2. Exact name of the Limited Liability Company<br><b>SAMPALIS REALTY, LLC</b>                     |     |                          |  |                        |                     |
| 3 NAICS Code<br><b>531110</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |     |                          |  |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |  |   |     |                          |  |                        |                     |
| 6 Principal Office Address<br><b>20 KRISTIN DRIVE</b>   |  |   |     | City<br><b>CRANSTON</b>  |  | State<br><b>RI</b>     | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |     |                          |  |                        |                     |
| Contact Name <b>JAY ROSENSTEIN, ROSENSTEIN HALPER &amp; M</b>   |  |   |     | Contact Title <b>CPA</b> |  |                        |                     |
| Street Address <b>27 DRYDEN LANE</b>  |  |   |     | City <b>PROVIDENCE</b>   |  | State <b>RI</b>        | Zip <b>02904</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |  |   |     |                          |  |                        |                     |
| Manager Name <b>N/A</b>   |  |   |     | 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                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |   |     |                          |  |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |  |   |     |                          |  |                        |                     |
| <b>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.</b> |  |   |     |                          |  |                        |                     |
| Name of Authorized Person<br><b>DIONISIOS P. SAMPALIS</b>   |  |   |     |                          |  | Date<br><b>11/7/18</b> |                     |
| Signature of Authorized Person<br><i>[Signature]</i>  |  |   |     | SIGN DOCUMENT HERE       |  |                        |                     |

**MAIL TO:**

**Division of Business Services**

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)