

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

FIT CORPORATION ANNIMAL REPORT FOR THE VEAR 2005

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Filing Period:	January 1 - March		Filing Fee: \$50.00	

FORM MUST BE TYPED IN B	LACK)					
1. Corporate ID No.	2. Name of Corpor					
72529	Samson Rea	alty, Ltd.				
3. Street Address Principal Busin	ess Office		City	State	Zip	
750 EAST AVENUE	~		PAWTUCKET	RI	02860	
4. Business Phone No.		5. State of Incorporati			6. SIC Code	
4017291900		RHODE ISLAN			5520	
7. Brief Description of the Character of Business Conducted in Rhode Island				····		
REAL ESTATE AGENCY	Cier of Business Con	auciea in Knoae Islana				
8. NAMES AND ADDRESS	ES OF THE OFF	ICERS ("X" BOX FOR A		PACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Martin Saklad			· David Schaeffe	r		
Street Address			Street Address			
750 East Avenue			.750 East Avenu	ie		
City	State	Zip	City	State	Zip	
Pawtucket	RI	02860	· Pawtucket	RI	02860	
Secretary Name		• • • • • • • • • • • •	Treasurer Name	· · · · · · · · · · · · · · · ·		
David Schaeffer			Martin Saklad			
Street Address			* Street Address			
750 East Avenue			.750 East Avenue	e		
City	State	Zip	*City	State	Zip	
Pawtucket	RI	02860	. Pawtucket	RI	02860	
9. NAMES AND ADDRESS		L .				
Director Name	ES OF THE DIK	LCTURS ("X" BOX FOR	ATTACHMENT) L. FILL, IN Director Name	SPACES BEFORE USING	VIIVCHWEATS : 77: CI	
			•			
Martin Saklad	_ <u></u>		David Schaeffer			
Street Address			Street Address			
750 East Avenue			750 East Avenue			
City	State	Zip	•City	State	Zip	
Pawtucket	RI	02860	Pawtucket	RI	02860	
Director Name	J :		Director Name			
			4			
Street Address			· Street Address			
DIFECT MUUTESS			ALLEEN MARIEST		1	
City	State	Zip	•City	State	Zip	
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10. SHARES AUTHORIZE	U)("X" BOX FOR	ATTACHMENT)		X" BOX FOR ATTACHMEN	DISTRIBUTE THE	
AUTHORIZED SHARES	CI #:	Day Mali -	ISSUED SHARES	Class/Series	Par Value	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	r ar Fallic	
100 \$1.00 PAR VALUE			100	common	\$1.00	
I VO WILVO I AIR VALUE						
						
This report must be signe	d in ink by eithe	er the President. Vice	President, Secretary, Ass	istant Secretary. Treasi	urer, Receiver or Trustee	
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	 				_	
7 2 5	2 9		Under negative of re	erjury, I declare and affirm	that I have examined	
, , ,				ng any accompanying sche		
				ing any accompanying sence ents contained herein are tru		
72529 DBC 42/30/03 (02:55:19 PM		and mar an stateme	and committee notes are ut	1 / -	
File Date 2.13-	- Cy-		, 1h -		ญโนโกร์	
	5 20	-	Signature of Officer	- <u> </u>	Date	
72	529				Zuic .	
Check No.		-	Martin Sak	ומט		

Print or Type Name of Officer

Form 630 12/01

President

Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI	•	g ree: \$50.00			
1. Corporate ID No.	2. Name of Corporation	n			
72529	Samson Realty,	Ltd.			
3. Street Address Principal Busine	ess Office		City	State	Zip
750 EAST AVENUE			PAWTUCKET	RI	02860
4. Business Phone No.		5. State of Incorporation			6. SIC Code
4017291900		RHODE ISLAND	1		5520
7. Brief Description of the Character REAL ESTATE AGENCY	cter of Business Conducte	ed in Rhode Island			
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR AT	TACHMENT) TILL IN S	SPACES BEFORE USING AT	TTACHMENTS
President Name			Vice President Name		······································
Martin Saklad Street Address			· David Schaeffe	er 	
750 East Avenue			:750 East Avenu	ıe	
City	State	Zip	City	State	Zip
Pawtucket Secretary Name	RI	02860	Pawtucket	RI	02860
David Schaeffer			Treasurer Name Martin Saklad		
			*Street Address	 	
Sreet Address 750 East Avenue			.750 East Avenu		
City	State	Zip	*City	State	Zip
Pawtucket	RI	02860	. Pawtucket	RI	02860
9. NAMES AND ADDRESS	1	1			!
Director Name		2 2007	, Director Name	TO THE STATE OF TH	ATTACIBILITY
Martin Saklad			David Schaeffer		
Street Address			• Street Address		
750 East Avenue			750 East Avenue		
City ,	State	Zip	•City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Director Name			* Director Name		
Street Address		<u></u>	•		·
Witte Maniezz			•Street Address		
City	State	Zip	·City	State	Zlp
			•		
10. SHARES AUTHORIZE	D C'X" BOX FOR ATT	ACHMENT) 🗆	11. SHARES ISSUED ('X" BOX FOR ATTACHMEN	ית 🗖
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 \$1.00 PAR VALUE	_		100	common	\$1.00
					
This report must be signed	l in ink by either th	e President Vice Pr	esident, Secretary, Ass	istant Secretary, Treast	urer, Receiver or Trustee
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		JAN 20 2004			
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7 2 5 7	[?]	By LMC		erjury, I declare and affirm	
· - · · · · · · · · · · · · · · · · · ·		7 		ng any accompanying sched	
72529 DBC 12/30/03 0	2:55:19 PM		and that art stateme	ents contained herein are tru	e and correct.
File Date		1		1	2/3/103
7 5 2	<u> </u>	1	Signature of Officer		Date
Check No	<u>/ </u>	1	Martin Sak	lad	
D			Print or Type Name of		
B <u>y:</u>			President		
FOR SECRETARY OF STATE 1	JSE ONLY	_	Title of Officer		Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. *72529* Samson Realty, Ltd. 3. Street Address Principal Business Office State Zip 750 EAST AVENUE **PAWTUCKET** RI 02860 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017291900 **RHODE ISLAND** 5520 7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE AGENCY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name . David Schaeffer Martin Saklad Street Address Sireei Address 750 East Avenue .750 East Avenue City Cirv State Zıp State Pawtucket RΙ 02860 . Pawtucket RI 02860 Secretary Name Treasurer Name David Schaeffer Martin Saklad Street Address * Street Address 750 East Avenue 750 East Avenue City City State Zip State Zip Pawtucket RI 02860 RI 02860 Pawtucket 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Martin Saklad David Schaeffer Street Address · Street Address 750 East Avenue •750 East Avenue Cirv State State ·City Zip Zip Pawtucket RI 02860 Pawtucket RI 02860 Director Name Director Name Street Address ·Sireei Address City Lin Zip Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value \$1.00 100 \$1.00 PAR VALUE 100 common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 2 5 2 9 *	Under penalty of perjury, I declare and this report, including any accompanyi
**72529* 1/31/034:17:08 PM*	and that all statements contained herei
File Date 0.03 0	Signature of Officer
Check No. 1000	Martin Saklad
But 1	Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

d affirm that I have examined ng schedules and statements, in are true and correct. 0

President Title of Officer Form 630 12/01



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PILASE READ INSTRUCTIONS

Filing Period: Januar	y I-March I •	Filing Fee: \$50.00			INSTRU
(FORM MUST BE TYPED IN BL	ACK)				
I. Corporate ID No.	2. Name of Corpora	ation -	•	-	_
72529	Samson Re	alty, Ltd.			
3. Street Address Principal Busines	ss Office	•	City	State	Zip
750 East Avenue		S. State of Incorporation	Pawtucket on	RI	02860 6. SIC Gode
(401) 729-1900		RHODE ISLAN	ND		5520
7. Brief Description of the Charact	ter of Business Conducted	in Rhode Island			
Real estate a 3. NAMES AND ADDRE resident Name	- •	ICERS (*X* BOX FOR ATT.	ACHMENT) FILL IN SPACES B	EFORE USING ATTACHN	MENTS
Martin Saklad Treet Address			David Schaeffer Street Address		
750 East Avenue City	State	Zip	750 East Avenue City	State	Zip
Pawtucket eccetary Name	RI	02860	Pawtucket Treasurer Name	RI · ·	02860
David Schaeffer			Martin Saklad Street Address		
750 East Avenue	State	Zip	750 East Avenue	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
P. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	HMENTS
Martin Saklad treet Address			David Schaeffer Street Address		
750 East Avenue	State	Zip	750 East Avenue	State	Zip
Pawtucket Director Name	RI	02860	. Pawtucket Director Name	RI	02860
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZI	ED (*x* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x ISSUED SHARES	BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 \$1.00 PAR VALUE			100	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



The Date: 21107

Check No.: 4457

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.

min		
Signature of Officer	Date	

Martin Saklad

Print or Type Name of Officer

President
Title of Officer

⇔ 3

Form 630 12/01

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

(5/1014	MILICATION	TVOED	INT DI	ACY)	

1. Corporate ID No. 72529

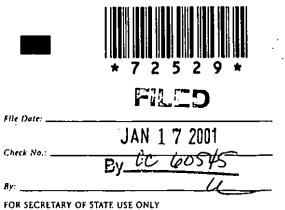
2. Name of Corporation

Samson Realty, Ltd.

City Zip State 3. Street Address Principal Business Office 02860 Pawtucket RI 750 East Avenue 5. State of Incorporation 4. Business Phone No. ^{હ.} ફેંદ્રે ટ્રેલ્ડ RHODE ISLAND (401) 729-1900 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Agency 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Martin Saklad David Schaeffer Street Address Street Address 750 East Avenue 750 East Avenue City Zip City State 02860 02860 RΙ Pawtucket RΙ Pawtucket Treasurer Name Secretary Name Martin Saklad David Schaeffer Street Address Street Address 750 East Avenue 750 East Avenue City State Clly Zip State 02860 02860 RI Pawtucket Pawtucket 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name David Schaeffer Martin Saklad Street Address Street Address 750 East Avenue 750 East Avenue City City State 02860 02860 RΙ Pawtucket RΙ Pawtucket Director Name Director Name Street Address Street Address City State Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100



100 SHS \$1.00 PAR VALUE

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.

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Music	[/16/01
Signature of Officer	Date
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Martin Saklad
Print or Type Name of Officer
President

Title of Officer

r._....

\$1.00

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 72529 Samson Realty, Ltd. State Zip City 3. Street Address Principal Business Office RI 750 East Avenue Pawtucket 02860 6. SIC Code 5. State of Incorporation 4. Business Phone No. 5520 (401) 729-1900 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Agency 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Martin Saklad David Schaeffer Street Address Street Address 750 East Avenue 750 East Avenue ZIp State State 02860 02860 RT Pawtucket Pawtucket RI Treasurer Name Secretary Name Martin Saklad David Schaeffer Street Address Street Address 750 East Avenue 750 East Avenue City State 02860 Pawtucket 02860 Pawtucket RI RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name David Schaeffer Martin Saklad Street Address Street Address 750 East Avenue 750 East Avenue ZIP City State City Zip RI 02860 RI 02860 Pawtucket Pawtucket Director Name Director Name Street Address Street Address City State Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series 100 SHS \$1.00 PAR VALUE 100 1 \$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 Officer

Martin Saklad

Print or Type Name of Officer President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

GORM MOST BE LITTED IN BLA	CK)				
1. Corporate ID No. 72529	2. Name of Corpora Samson Re				
3. Street Address Principal Business	Office	•	City	State	Zip
750 East Avenu	е		Pawtucket	RI	02860
4. Business Phone No. 729-1900		5. State of Incorporation RHODE ISLAN	D		6. SIC Code 5520
7. Brief Description of the Character	of Business Conducted		_		
Real estate ag		n knoue isianu			
	-	IC'FRS (*Y* ROY FOR ATTAC	HMENT) (FILL IN SPACES I	REFORE LISTING ATTA	CHMENTS
President Name	SES OF THE OTT	CERS	Vice President Name	LI ORL CORNO RITA	
Martin Saklad			David Schaeff	er	
Street Address		•	Street Address		
750 East Avenu	e		750 East Aven	iue	
City	State	Zip	City .	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Secretary Name David Schaeffe	r		Treasurer Name Martin Saklad	l	
Street Address			Street Address		
750 East Avenu	ıe		750 East Aver	iue	
City	State	· · Zip	i	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
9. NAMÉS AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING AT	ACHMENTS
Director Name			Director Name	•	
Martin Saklad			: David Schaeff	er	
Street Address 750 East Avenu	ıe.		Street Address 750 East Aver	nue	
City	State	Zıp	City	' State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Director Name		• • • • •			
Director Name			Director Name		
Street Address			Director Name Street Address		
	State	Zip	Street Address	State	. Z.19
Street Address	State	Ζίρ		State	Z:p
Street Address City 10. SHARES AUTHORIZE		·	Street Address City 11. SHARES ISSUED (*	-	<u> </u>
Street Address City		·	Street Address . City .	-	<u> </u>
Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	Street Address City 11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	TT) .
Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares	D ("X" BOX FOR ATT	ACHMENT)	Street Address City 11. SHARES ISSUED (* ISSUED SHARES Number of Shares	X" BOX FOR ATTACHMEN	Par Value

•	* 7 2 5 2 9	
File Date.	06-08-99	
Gheck No.	6022	<u> </u>
By:	OF STATE USE ONLY	<u> </u>

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 Officer

Martin



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 72529	2. Name of Corpora Samson Re				
3. Street Address Principal Busine.	ss Office		City	State	Zip
750 East Ave	nue		Pawtucket	RI	02860
4. Business Phone No.		5. State of Incorporation		-	6. SIC Code
729-1900		RHODE (SLAI	ND		5520
7. Brief Description of the Character Real estate		in Rhode Island			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT)		
President Name	_		Vice President Name		
Martin Sakla	d		David Schaet	ffer	
Street Address			Street Address		
750 East Ave			750 East Ave	enue	
City	State	ZIP	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Secretary Name	c		Treasurer Name	_	
David Schaef	ier		Martin Sakla	ad	
Street Address 750 East Ave	nue		Street Address 750 East Ave	enue	
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	. 02860
9. NAMES AND ADDRE Director Name Martin Sakla		ECTORS (*X* BOX FOR AT	TACHMENT) Director Name David Schaet	ffer	
Street Address			Street Address		
750 East Ave	nue		750 East Ave	enue	
City	State	Zip	City	State	· Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Director Name			Director Name	•	• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	(T) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100

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File Date:	5698
Check No.:	- 100 / M
Ву:	IN A.
FOR SECRETAR	Y OF STATE USE ONLY

100 SHS \$1.00 PAR VALUE

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.

1

\$1.00

Signature of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

72529

2. Name of Corporation

Samson Realty, Ltd.

3. Street Address Principal Business Office 750 East Avenue

5. State of incorporation

Pawtucket

RI

02860

4. Business Phone No.

729-1900

RHODE ISLAND

6. SIC Code 5520

7. Brief Description of the Character of Business Conducted in Rhode Island

Real estate agency

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Martin Saklad

Street Address

750 East Avenue

Pawtucket

RI

02860

750 East Avenue City

Pawtucket

Vice President Name

Street Address

RI

RI

02860

Secretary Name

David Schaeffer

Street Address

750 East Avenue

Pawtucket,

RI

02860

Martin Saklad Street Address

750 East Avenue

David Schaeffer

Pawtucket

02860

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Martin Saklad

Street Address

750 East Avenue

City Pawtucket

RI

ZIp 02860

Street Address

Director Name

750 East Avenue

Pawtucket

David Schaeffer

RI

02860

Director Name

Street Address

Street Addiess

Director Name

City

Zip

City

City

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

ALITHORIZED SHARES

Number of Shares Class/Series

100 SHS \$1.00 PAR VALUE

Car Value

ESSUED SHARES Number of Shares

Class/Series

Par Value

100

1

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

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.

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Khode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE	TYPE	OR	PRINT	IN	BLACK	INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR PRI	NT IN BLACK INK.						
72529		Realty, Ltd.			;				
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 750 Ecst	Ave		Pan hovet	STATE R 1	02760				
4 BUSINESS PHONE NO. 729-/900 RHODE ISLA			AND 5.5000E						
7. BRIEF DESCRIPTION OF THE CHARACTER OF BU	ote agm	•							
PRESIDENTI NAME Martin Ssi		ES AND ADDRES	SSES OF THE OF VICE PRESIDENT NAME	heeft.	· -				
STREET ADDRESS JUT GCJF			STREET ADDRESS	st Ave	·				
Powhdeet	STATE R	02 PG0	10 Propular	- STATE	G5 \$66				
SECRETARY NAME OGVID SCH STREET ADDRESS	net C		Moh. S	cklad					
750 Ecity Ave			TO E < 1 Ave						
Paulik	RI NI	02760	Paulace +	STATE	0 2 86 0				
OFFECTOR HAME Mahin So	<u>9. NAM</u> 	ES AND ADDRES	DIRECTOR NAME	RECTORS					
			STREET ADDRESS BO Ecst Aug						
Penhelit	STATE 1	502 AC0	Parfabel	STATE /	02860				
DIRECTOR NAME		·•	DIRECTOR NAME						
STREET ADDRESS			STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	i				
an	SIATE	23P C00E	COTY	STATE	⊅P COO€				
was amen is within that	1 0 . S N A	RES AUTHORIZ	ED AND ISSUED	ISSUED SHARES					
NUMBER OF SHARES	CLASS / SERCES	PAR VALUE	MUMBER OF SHARES	CLASS / SERVES	PAR VALUE				
100 SHS \$1.0	O PAR VALUE		100	1.	1.00 pilm				
·	···· · · · · · · · · · · · · · · · · ·		! 						
	~-u	· · · · · · · · · · · · · · · · · · ·	: 						
Presid			ED IN INK by either the street of the street						
		,, 000.01,, 7.00.01	Under penalty of report, including	perjury, I declare and a any accompanying sch	affirm that I have examined this edules and statements, and that				
File Date: 2/2	ilar n		4 Mm	ntained herein are true	and conect.				
File Date: 2/29/96 Check No: 4736			Signature of Officer Martin Sahlad						
CHECK NO: 7/09()			Print or Type Name of Officer						
By: CC For Secretary of State Use Only			Title of Officer Date						

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

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ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:			Ann	ual Report for	the year:	:	1332			
Samson	Real	ty, Ltd.			,	•				
Name of Corporation:										
Business entity organized under the laws of the State of: $R \cdot I$.				Business Entity						
For foreign entity, address and telephone number of	principal	office:		[X] Business (
				[] Profession	nal Service	: Corpoi	ration (See Ri	IGL Chapte	er 7-5.1))
		 		n - e						
Phone: ()	-	···		Brief statement	of the cha	aracter o	of business co	nducted in	Rhode !	Island:
Address and telephone of the principal office of busi	ness entit	v in Rhode								
Island (Provide street address: Mot PO, Box)-	negs entit	y iii Kikode		-						
750 East Ave.								<u> </u>		
Pawtucket, RI 07860										
Phone: _(401)729-1900										
11000					 	~				
	TH	E NAMES OF T	THE O	FFICERS A	RE:		_			
Roger Pearlman	750	East Ave	DDRFSS	•	- Pawt	u c k e	t, RI	02	860	ZIP CODE
VICE PRESIDENT	· <u>-</u>	STREET A	DDRESS			CITY/ST/				ZIP CODE
Roger Pearlman		11				0.117	· • •	•	11	7
SECRETARY	-	STREET A	DDRESS			CITY/\$1/	ATE	1;		ZIP CODE
Roger Pearlman	~ .			·		11.		.,	".	
IREASURER	. ,	STREET A	DDRESS		•	CITYSTA				ZIP CODE
Roger Pearlman	٠, ٠, ١		1000	<u> </u>	<u> </u>	1127	* 5	- 1	**	
NAME.	THE	NAMES OF T	HE DI	RECTORS A	RE:					
Roger Pearlman	750	STREET A				CITY/ST/				71P CODE
NAME	/ 3 0	East Ave.			Pawt	_	t;-RIT-	. = 、 02	860.	·
· · · ·		SIRRELA	DOKE22			CITY/ST/	ATE			ZIP CODE
NAME		STREET A	DDRESS			CITY/ST/	ATE			7th cone
						C11 1/31/	ett.			ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be	attached)		NI.1	MBER OF SHAR	PE 18611E	יטיאר די	OUTSTANDIN	······································		
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Number of Shares 100 Class / Series			Nur	nber of Shares	100	Class	/ Series			
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Date February 26	95	D	S	W		_				
, 19		. By: <u> </u>	ger	Pearlman	n					
		PRINTIPHE	ያኒ ଇଥ	PEN PERCERSION						
Form 31 1/95		TITLE OF	DEFICER S	IGNING			-	• •		
DESIGNAT	ED RE	GISTERED AC	ENT	FOR SERVIC	CE OF P	ROCE	SS:			 -

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DAVID J. STRACHMAN 521 SOUTH MAIN STREET PROVIDENCE, RI 02903 MAR 0 3 1995 By 10 4 3 9 4 Filing Fee \$50 00 Payable to Secretary of State

PLEASE TYPE or PRINT

File Annually LLC Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID:	Ann	ual Report i	or the year:	1994				
Name of Business Entity:	5							
Business entity organized under the laws of the State of R		Business En	ity is (check one):					
For foreign entity, address and telephone number of principal office	e:	[] }	Business Corporation (See Professional Service Corp Jimiled Liability Compan	oration (See RIGL (
		communicati	nd mailing address of con	tact person to whon	1			
	· ·		ze <u>r Pearlman</u>) East Ave					
Phone (-	. Pat	vtucket, RI	02860				
Address and telephone of the principal office of business entity in I Island (Provide street address - Not P.O. Box): 750 East Ave.			nt of the character of busing Estate					
Pawtucket, RI 02860								
		Date of Orga	nization: 5/17/9	3				
Phone (401) 729-1900		Date of Qual	fication to do business in	Rixxle Island (if for	reign entity):			
OUR EXECUTIVE OFFICER OR \$\infty \text{PRESIDENT (There One)}\$	AMES OF THE O	FFICERS	ARE:					
Roger Pearlman	750 East				ZII. CODE.			
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Creek Ove)	STREET ADDRESS	Ave.	CHIMIAIS	cket, RI	<u>02860</u> zi гсож			
CUSTODIAN DE RECORDS OR COSECUTARY (Creck Over	STREET ADDRESS		CITY/STATE		ZIZ COOF			
COUR FINANCIAL OFFICER OF TREASURER (Chee Ow)	STREET ADDRESS		CITY/SYATE		ZIP CUDE			
THE NA	MES OF THE DI	RECTORS	ARE:					
None	STREET ADDRESS		CITYSTATE		VIECODE			
NAME	STREET ADDRESS		CITYSTATE		ZIP COOF			
SAVE	STREET ADDRESS		CITYSTATE		ZIP CODE			
SUMBER OF SHARES AUTHORIZED (If Applicable)	NU	MBER OF S	HARES ISSUED AND O	UTSTANDING (If	Applicable)			
NUMBER 100	NU	MBER 1	00					
PLASS	; CL/	ASS						
SERIES	SEF	RIES						
PAR VALUE OR WITHOUT PAR par, \$1.00per share		R VALUE OF		per share				
Date3 17	Ву:_) H-1	<u> </u>	<u></u>	_ ·			
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194 BY - 9								