



State of Rhode Island

Department of State - Business Services Division

FILED

SEP 09 2021

BY

Annual Report for the year: 2021
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 <u>160569</u>		2. Exact name of the Limited Liability Company <u>SAMPSON APARTMENTS, LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>RENTAL APARTMENTS</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>PO BOX 141</u>		City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>PAUL SAMPSON</u>		Contact Title <u>OWNER</u>			
Street Address <u>162 MARKET ST.</u>		City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		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 ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person <u>PAUL SAMPSON</u>			Date <u>9-8-21</u>		
Signature of Authorized Person <u>Paul Sampson</u>					

MAIL TO:

Division of Business Services

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