



State of Rhode Island

## Department of State - Business Services Division

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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--------------|
| 1. Entity ID Number<br><b>001707578</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>SAM'S REALTY, LLC</b>                                    |                         |                   |              |
| 3. NAICS Code<br>531110                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>LESSOR OF RESIDENTIAL PROPERTY |                         |                   |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                               |                         |                   |              |
| 6. Principal Office Address<br>227 ORIOLE AVENUE                                                                                                                                                     |       |                                                                                                               | City<br>PAWTUCKET       | State<br>RI       | Zip<br>02860 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                               |                         |                   |              |
| Contact Name<br>RICHARD ANDERSON                                                                                                                                                                     |       |                                                                                                               | Contact Title<br>MEMBER |                   |              |
| Street Address<br>227 ORIOLE AVENUE                                                                                                                                                                  |       |                                                                                                               | City<br>PAWTUCKET       | State<br>RI       | Zip<br>02860 |
| 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 <input type="checkbox"/>                                                                                                                                     |       |                                                                                                               |                         |                   |              |
| 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<br>RICHARD ANDERSON - MEMBER                                                                                                                                               |       |                                                                                                               |                         | Date<br>10-6-2021 |              |
| Signature of Authorized Person                                                                                                                                                                       |       |                                                                                                               |                         |                   |              |

## MAIL TO:

Division of Business Services

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