FILED



State of Rhode Island

Department of State - Business Services Division

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Lia					
160569	SAMPSON A	PARTMENTS I				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	RENTAL ARAPTMENTS					
5. State of Formation	1000111000					
PJ						
6. Principal Office Address		City	State	Zip		
126-134 WI	ster St.	WARRIN	RI	02883		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name PAUL SAUPSON		Contact Title OWN ER				
Street Address BOX /	4 (City MARREN	State	Zip OJE 15		
8. 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			Date			
PAUL SAMESW		3-16-23				
Signature of Anthorized Person				-		
	7					

Phone: (401) 222-3040 Website: www.sos.ri.gov