



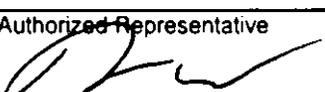
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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2023 JUL 20 P 4:06

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number <b>000072529</b>		2. Exact name of the Corporation <b>Samson Realty, Ltd.</b>	
3. Principal Office Address <b>346 WICKENDEN STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02903</b>	
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real estate / Rentals</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MARTIN SAKLAD</b>		Vice-President Name <b>MARTIN SAKLAD</b>	
Street Address <b>346 WICKENDEN STREET</b>		Street Address <b>346 WICKENDEN STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>Ri</b>
Zip <b>02903</b>		Zip <b>02903</b>	
Secretary Name <b>MARTIN SAKLAD</b>		Treasurer Name <b>MARTIN SAKLAD</b>	
Street Address <b>346 WICKENDEN STREET</b>		Street Address <b>346 WICKENDEN STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MARTIN SAKLAD</b>		Director Name	
Street Address <b>346 WICKENDEN STREET</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02903</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>1.00</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
<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 Representative <b>MARTIN SAKLAD</b>			Date <b>07/20/2023</b>
Signature of Authorized Representative 			<b>FILED 4/12</b> <b>III 20 2023</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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