



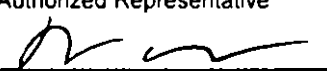
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000072529		2. Exact name of the Corporation Samson Realty, Ltd.		2023 JUL 20 P 4:06	
3. Principal Office Address 346 WICKENDEN STREET		City PROVIDENCE	State RI	Zip 02903	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real estate / Rentals				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARTIN SAKLAD		Vice-President Name MARTIN SAKLAD			
Street Address 346 WICKENDEN STREET		Street Address 346 WICKENDEN STREET			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name MARTIN SAKLAD		Treasurer Name MARTIN SAKLAD			
Street Address 346 WICKENDEN STREET		Street Address 346 WICKENDEN STREET			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARTIN SAKLAD		Director Name			
Street Address 346 WICKENDEN STREET		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	Common	1.00	
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. 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 Representative MARTIN SAKLAD				Date 07/20/2023	
Signature of Authorized Representative 				FILED 410 JUL 20 2023 BY 85403	

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