



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ 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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BUS SVCS DIV.

2023 JUL 20 P 4:06

1. Entity ID Number 000072529		2. Exact name of the Corporation Samson Realty, Ltd.	
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	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Secretary Name MARTIN SAKLAD		Treasurer Name MARTIN SAKLAD	
Street Address 346 WICKENDEN STREET		Street Address 346 WICKENDEN STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		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	City	State
Zip 02903		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		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 403 JUL 20 2023 BY 85403

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov