



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

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

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. Entity ID Number <b>000072529</b>	2. Exact name of the Corporation <b>Samson Realty, Ltd.</b>
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3. Principal Office Address <b>346 WICKENDEN STREET</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
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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>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>Ri</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>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</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>	Zip <b>02903</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>100</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>1.00</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>1.00</b>			
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<b>100</b>	<b>Common</b>	<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.

**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 <b>MARTIN SAKLAD</b>	Date <b>07/20/2023</b>
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Signature of Authorized Representative 	<b>FILED 408</b> <b>JUL 20 2023</b>
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MAIL TO:  
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