



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV  
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2023 MAY 17 PM 1:00 2022 NOV -7 PM 3:54

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

RECEIVED  
 STATE  
 2023 JUL 25 PM 1:00

1. Entity ID Number <b>000033407</b>		2. Exact name of the Corporation <b>SALMANSON PROPERTIES, INC.</b>			
3. Principal Office Address <b>C/O ROSENSTEIN, P.O. BOX 9567</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>			
5. State of Incorporation <b>RHODE ISLAND</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>JERROLD A. SALMANSON</b>			Vice-President Name		
Street Address <b>624 BLACKSTONE BLVD</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>JERROLD A. SALMANSON</b>			Director Name		
Street Address <b>624 BLACKSTONE BLVD</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>400.00</b>			<b>0</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>JERROLD A. SALMANSON</b>					Date <b>October 27 2022</b>
Signature of Authorized Representative <i>Jerrold A. Salmons</i>					

FILED

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

JUL 25 2023  
 BY ML FHX33  
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