RI SOS Filing Number: 202329565590 Date: 2/27/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:  $\frac{2023}{}$ **Limited Liability Company** 

FEB 2 7 2023 11598

→ 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                 | 2 Evact name of the Lin  | nited Liebility Company                                     |                       |                      |
|-------------------------------------|--|---|-----------------------|----------------------|
|                                     | 2. Exact name of the Limited Liability Company                           |   |                       |                      |
| 106195                              | SalSam Properties, LLC   |   |                       |                      |
| 3. NAICS Code                       | Brief description of the character of business conducted in Rhode Island |   |                       |                      |
| 531110                              | Real estate development  | Real estate development.                                    |                       |                      |
| 5. State of Formation               |  |   |                       | •                    |
| Rhode Island                        | ·  |   |                       |                      |
| 6. Principal Office Address         | •  | City  | State                 | Zip                  |
| 400 Reservoir Avenue                |  | Providence  | RI                    | 02907                |
| 7. Mailing Address of Limite        | d Liability Company and Name   |   | •                     |                      |
| Contact Name Mal A. Salvadore       |  | Contact Tille Manager                                       |                       |                      |
| Street Address 400 Reservoir Avenue |  | City Providence   | State RI              | <sup>Zip</sup> 02907 |
| 8. The Resident Agent inform        | mation currently of record with  | the RI Department of State is accu                          | urate. Changes requir | e filing Form 642    |
|                                     | l declare and affirm that I haviatements contained herein a              | ve examined this report, including<br>are true and correct. | ng any accompanyin    | g schedules and      |
| Name of Authorized Person           |  | Date /  |                       |                      |
| Mal A. Salvadore                    |  |   | 2/22                  | 1023                 |
| Signature of Authorized Per         | son  |   |                       |                      |
| Malo.                               | There  |   |                       |                      |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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