



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Under penalty of perjury, each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporation ID No. 61751		2. Name of Corporation Dexter Sales, Inc.	
3. Principal Business Office 377 Desert Holly Drive		City Palm Desert	State CA
4. Business Phone No.		Zip 92211	
		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING, SELLING AND TRADING METAL PRODUCTS			

ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Alan M. Samdperil			Vice President Name Sandra Samdperil		
Street Address 377 Desert Holly Drive			Street Address 377 Desert Holly Drive		
City Palm Desert	State CA	Zip 92211	City Palm Desert	State CA	Zip 92211
Secretary Name Richard S. Mittleman			Treasurer Name Alan M. Samdperil		
Street Address 56 Exchange Terrace			Street Address 377 Desert Holly Drive		
City Providence	State RI	Zip 02903	City Palm Desert	State CA	Zip 92211

ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Alan M. Samdperil			Director Name Sandra Samdperil		
Street Address 377 Desert Holly Drive			Street Address 377 Desert Holly Drive		
City Palm Desert	State CA	Zip 92211	City Palm Desert	State CA	Zip 92211
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. AUTHORIZED SHARES ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM NO PAR VALUE			100	common	none

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.



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FILED

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File Date **FEB 17 2009**

Checked By **5860**

By _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature
Alan M. Samdperil

Print or Type Name

President

Title

Date

2/19/09