



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2008

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), 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. Corporate ID No. 51036		2. Name of Corporation FORTY-FOUR DONUTS, INC.			
3. Street Address Principal Business Office 39 Putnam Avenue, #1		City Johnston	State RI	Zip 02919-0000	
4. Business Phone No. (401) 232-1270		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut shop					
7. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Demetrius D. Sampalis			Vice President Name Valerie B. Sampalis		
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Secretary Name Valerie B. Sampalis			Treasurer Name Demetrius D. Sampalis		
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
8. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Demetrius D. Sampalis			Director Name Valerie B. Sampalis		
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Director Name Dennis J. Sampalis			Director Name none		
Street Address 11 Betsy Williams Circle			Street Address none		
City Johnston	State RI	Zip 02919-	City none	State none	Zip none
9. SHARES AUTHORIZED.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series Common		Par Value No Par	
THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

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.

FILED

AUG 17 2009

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

By *[Signature]*
29-96841

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] **12/17/08**
Signature Date

Demetrius D. Sampalis

Print or Type Name
President

Title