



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 23 2017 *02*

BY 4937

1. Entity ID Number 85403		2. Exact name of the Corporation D.V.M. FOODS INC.			
3. Principal Office Address 199 WEYBOSSET STREET		City PROVIDENCE		State RI	Zip 02903
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island TO SELL FOOD AND BEVERAGE AT RETAIL				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DIONISIOS SAMPALIS			Vice-President Name VASSO SAMPALIS		
Street Address 20 KRISTIN DRIVE			Street Address 20 KRISTIN DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name VASSO SAMPALIS			Treasurer Name VASSO SAMPALIS		
Street Address 20 KRISTIN DRIVE			Street Address 20 KRISTIN DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DIONISIOS SAMPALIS			Director Name VASSO SAMPALIS		
Street Address 20 KRISTIN DRIVE			Street Address 20 KRISTIN DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 COMMON NO PAR VALUE		
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 DIONISIOS P. SAMPALIS					Date
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					

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