



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 122770		2. Exact name of the Corporation IONIAN, INC.			
3. Principal Office Address 259 Putnam Pike			City Smithfield	State RI	Zip 02917-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate a donut shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Demetrius D. Sampalis			Vice-President Name Dennis J. 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 Kristina 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. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Demetrius D. Sampalis			Director Name Dennis J. 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 Kristina 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par
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 Demetrius D. Sampalis President				Date 1/07/2019	
Signature of Authorized Representative <i>Demetrius D. Sampalis</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

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FORM 630 - Revised: 10/2017