



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 690344		2. Exact name of the Corporation D & D COFFEE, INC.				
3. Principal Office Address 1800 Smith Street			City North Providence	State RI	Zip 02911-0000	
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 Dennis J. 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 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-	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Dennis J. 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 none			Director Name none			
Street Address none			Street Address none			
City none	State none	Zip none	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 Dennis J. Sampalis President					Date 1/07/2019	
Signature of Authorized Representative 						

NO DOCUMENT HERE

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

FEB 11 2019

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