



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.

2019 MAR - 1

RECEIVED
CORPORATION
DIVISION

1. Entity ID Number 1685865		2. Exact name of the Corporation Sampa Print, Inc.			
3. Principal Office Address 176 E Child Street			City Warren	State RI	Zip 02895
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Printing			
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 Lindoberto Dos Reis			Vice-President Name Fernando Perreira		
Street Address 194 Church Street			Street Address 176 E Child Street		
City Newton	State MA	Zip 02458	City Warren	State RI	Zip 02885
Secretary Name Karina Dos Reis			Treasurer Name Karina Dos Reis		
Street Address 194 Chirch Street			Street Address 194 Church Street		
City Newton	State MA	Zip 02458	City Newton	State MA	Zip 02458
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lindoberto Dos Reis			Director Name Karina Dos Reis		
Street Address 194 Church Street			Street Address 194 Church Street		
City Newton	State MA	Zip 02458	City Newton	State MA	Zip 02458
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 Lindoberto Dos Reis					Date 2-14-19
Signature of Authorized Representative <i>Lindoberto Dos Reis</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

MAR 01 2019
BY *[Signature]* 1021
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