



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

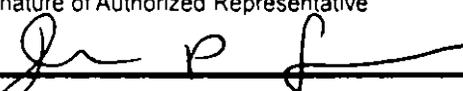
**FILED**

**Annual Report for the year: 2020**  
**Corporation**

JAN 22 2020

BY 5310 DS

- 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<br><b>85403</b>                                                                                                                                                                                                               |                                                                                                                           | 2. Exact name of the Corporation<br><b>D.V.M. FOODS INC.</b> |                                                                                                                       |                     |                     |
| 3. Principal Office Address<br><b>199 WEYBOSSET STREET</b>                                                                                                                                                                                        |                                                                                                                           | City<br><b>PROVIDENCE</b>                                    | State<br><b>RI</b>                                                                                                    | Zip<br><b>02903</b> |                     |
| 4. NAICS Code<br><b>722511</b>                                                                                                                                                                                                                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO SELL FOOD AND BEVERAGE AT RETAIL</b> |                                                              |                                                                                                                       |                     |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                                                                                                                  |                                                                                                                           |                                                              |                                                                                                                       |                     |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |                                                                                                                           |                                                              |                                                                                                                       |                     |                     |
| President Name<br><b>DIONISIOS SAMPALIS</b>                                                                                                                                                                                                       |                                                                                                                           |                                                              | Vice-President Name<br><b>VASSO SAMPALIS</b>                                                                          |                     |                     |
| Street Address<br><b>20 KRISTIN DRIVE</b>                                                                                                                                                                                                         |                                                                                                                           |                                                              | Street Address<br><b>20 KRISTIN DRIVE</b>                                                                             |                     |                     |
| City<br><b>CRANSTON</b>                                                                                                                                                                                                                           | State<br><b>RI</b>                                                                                                        | Zip<br><b>02921</b>                                          | City<br><b>CRANSTON</b>                                                                                               | State<br><b>RI</b>  | Zip<br><b>02921</b> |
| Secretary Name<br><b>VASSO SAMPALIS</b>                                                                                                                                                                                                           |                                                                                                                           |                                                              | Treasurer Name<br><b>VASSO SAMPALIS</b>                                                                               |                     |                     |
| Street Address<br><b>20 KRISTIN DRIVE</b>                                                                                                                                                                                                         |                                                                                                                           |                                                              | Street Address<br><b>20 KRISTIN DRIVE</b>                                                                             |                     |                     |
| City<br><b>CRANSTON</b>                                                                                                                                                                                                                           | State<br><b>RI</b>                                                                                                        | Zip<br><b>02921</b>                                          | City<br><b>CRANSTON</b>                                                                                               | State<br><b>RI</b>  | Zip<br><b>02921</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |                                                                                                                           |                                                              |                                                                                                                       |                     |                     |
| Director Name<br><b>DIONISIOS SAMPALIS</b>                                                                                                                                                                                                        |                                                                                                                           |                                                              | Director Name<br><b>VASSO SAMPALIS</b>                                                                                |                     |                     |
| Street Address<br><b>20 KRISTIN DRIVE</b>                                                                                                                                                                                                         |                                                                                                                           |                                                              | Street Address<br><b>20 KRISTIN DRIVE</b>                                                                             |                     |                     |
| City<br><b>CRANSTON</b>                                                                                                                                                                                                                           | State<br><b>RI</b>                                                                                                        | Zip<br><b>02921</b>                                          | City<br><b>CRANSTON</b>                                                                                               | State<br><b>RI</b>  | Zip<br><b>02921</b> |
| Director Name                                                                                                                                                                                                                                     |                                                                                                                           |                                                              | Director Name                                                                                                         |                     |                     |
| Street Address                                                                                                                                                                                                                                    |                                                                                                                           |                                                              | Street Address                                                                                                        |                     |                     |
| City                                                                                                                                                                                                                                              | State                                                                                                                     | Zip                                                          | City                                                                                                                  | State               | Zip                 |
| 9. Shares Authorized                                                                                                                                                                                                                              |                                                                                                                           |                                                              | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                  |                                                                                                                           |                                                              | 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. |                                                                                                                           |                                                              |                                                                                                                       |                     |                     |
| <b>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.</b>                                       |                                                                                                                           |                                                              |                                                                                                                       |                     |                     |
| Name of Authorized Representative<br><b>DIONISIOS SAMPALIS</b>                                                                                                                                                                                    |                                                                                                                           |                                                              |                                                                                                                       |                     | Date                |
| Signature of Authorized Representative<br>                                                                                                                     |                                                                                                                           |                                                              |                                                                                                                       |                     | 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