RI SOS Filing Number: 202188238570 Date: 1/27/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 STAMP
JAN 27 2021
FOR
BY 1539

1. Entity ID Number	2. Exact name of the Corporation
001703346	146 COFFEE, INC.

3. Principal Office Address	City	State	Zip
1319 Eddie Dowling Highway	Lincoln	RI	02865-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	to operate a donut shop
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Kristina R. Sampalis	183 Harris Road	Smithfield	RI	02917-

Vice-President Name	Street Address	City	State	Zip
Dennis J. Sampalis	183 Harris Road	Smithfield	RI	02917-

Secretary Name	Street Address	City	State	Zip
Kristina R. Sampalis	183 Harris Road	Smithfield	RI	02917-

Treasurer Name	Street Address	City	State	Zip
Dennis J. Sampalis	183 Harris Road	Smithfield	RI	02917-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Kristina R. Sampalis	183 Harris Road	Smithfield	RI	02917-

Director Name	Street Address	City	State	Zip
Dennis J. Sampalis	183 Harris Road	Smithfield	RI	02917-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
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		Date
Kristina R. Sampalis	President	1/04/2021

Signature of Authorized Representative: Kristina Sampalis

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

FORM 630 - Revised: 08/2020