



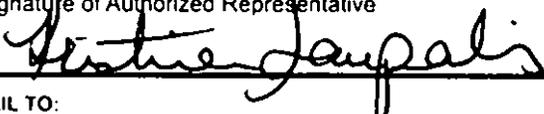
State of Rhode Island
Department of State - Business Services Division

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 001703346		2. Exact name of the Corporation 146 COFFEE, INC.			
3. Principal Office Address 1319 Eddie Dowling Highway			City Lincoln	State RI	Zip 02865-0000
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 Kristina R. Sampalis			Vice-President Name Dennis J. Sampalis		
Street Address 183 Harris Road			Street Address 183 Harris Road		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
Secretary Name Kristina R. Sampalis			Treasurer Name Dennis J. Sampalis		
Street Address 183 Harris Road			Street Address 183 Harris Road		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristina R. Sampalis			Director Name Dennis J. Sampalis		
Street Address 183 Harris Road			Street Address 183 Harris Road		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
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 Kristina R. Sampalis				Date 1/04/2021	
Signature of Authorized Representative 					

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