



State of Rhode Island

Department of State - Business Services Division

FILED

JAN 20 2023  
BY 5452  
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Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 51036		2. Exact name of the Corporation FORTY-FOUR DONUTS, INC.			
3. Principal Office Address 39 Putnam Avenue, #1			City Johnston	State RI	Zip 02919-0000
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Dennis J. Sampalis			Vice-President 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-
Secretary Name Dennis J. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Dennis J. Sampalis			Director Name none		
Street Address 11 Betsy Williams Circle			Street Address none		
City Johnston	State RI	Zip 02919-	City none	State none	Zip none
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 <span style="float: right;">10. Shares Issued <input type="checkbox"/></span>					
This Information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE 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.					
<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 Dennis J. Sampalis President				Date January 2, 2023	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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