



State of Rhode Island

Department of State - Business Services Division

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.

FILED
 STAMP
 JAN 20 2023
 BY 4418

1. Entity ID Number 001703348		2. Exact name of the Corporation DKS COFFEE, INC.			
3. Principal Office Address 970 Douglas Pike			City Smithfield	State RI	Zip 02917-0000
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 Dennis J. Sampalis			Vice-President Name Kristina R. Sampalis		
Street Address 186 Harris Road			Street Address 186 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 186 Harris Road			Street Address 186 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 186 Harris Road			Street Address 186 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 <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 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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 Website: www.sos.ri.gov