



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
FEB 14 2023
 BY [Signature]

1. Entity ID Number 000794989		2. Exact name of the Corporation SAMPALIS EYE CARE P.C.			
3. Principal Office Address 1013 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 339112		6. Brief description of the character of business conducted in Rhode Island EYE CARE SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DR. MARIA SAMPALIS			Vice-President Name DR. MARIA SAMPALIS		
Street Address 1013 RESERVOIR AVENUE			Street Address 1013 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name DR. MARIA SAMPALIS			Treasurer Name DR. MARIA SAMPALIS		
Street Address 1013 RESERVOIR AVENUE			Street Address 1013 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DR. MARIA SAMPALIS			Director Name		
Street Address 1013 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			50		-01
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 DR. MARIA SAMPALIS				Date 2/6/23	
Signature of Authorized Representative <u>[Signature]</u>					

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