RI SOS Filing Number: 202448310310 Date: 3/8/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

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1. Entity ID Number	2. Exact name of the Corporation
001703345	BRYANT COFFEE, INC.

3. Principal Office Address	City	State	Zip
1150 Douglas Pike	Smithfield	RI	02917-000

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
Dennis J. Sampalis	568 Rockland Road	North Scituate	RI	02857-

Vice-President Name	Street Address	City	State	Zip
Kristina R. Sampalis	186 Harris Road	Smithfield	RI	02917-

Secretary Name	Street Address	City	State	Zip
Kristina R. Sampalis	186 Harris Road	Smithfield	RI	02917-

Treasurer Name	Street Address	City	State	Zip
Dennis J. Sampalis	568 Rockland Road	North Scituate	RI	02857-

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

Director Name	Street Address	City	State	Zip
Kristina R. Sampalis	186 Harris Road	Smithfield	RI	02917-
Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
Dennis J. Sampalis	568 Rockland Road	North Scituate	RI	02857-
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No Par
Changes require an additional filing.			

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
Dennis J. Sampalis	President	January 2, 2024

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

FORM 630- Revised: 04/2023