



State of Rhode Island
Department of State - Business Services Division

MAR 08 2024

Annual Report for the year: 2024
Corporation

270502

- 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 001703348		2. Exact name of the Corporation DKS COFFEE, INC.					
3. Principal Office Address 970 Douglas Pike			City Smithfield	State RI	Zip 02917-000		
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 568 Rockland Road			Street Address 186 Harris Road				
City North Scituate	State RI	Zip 02857-	City Smithfield	State RI	Zip 02917-		
Secretary Name Kristina R. Sampalis			Treasurer Name Dennis J. Sampalis				
Street Address 186 Harris Road			Street Address 568 Rockland Road				
City Smithfield	State RI	Zip 02917-	City North Scituate	State RI	Zip 02857-		
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 568 Rockland Road				
City Smithfield	State RI	Zip 02917-	City North Scituate	State RI	Zip 02857-		
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 Dennis J. Sampalis President					Date January 2, 2024		
Signature of Authorized Representative 							

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov