



State of Rhode Island
Department of State - Business Services Division

FILED ...

Annual Report for the year: 2025

FEB 12 2025

Corporation

BY 2846

- 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 000794989		2. Exact name of the Corporation SAMPALIS EYECARE 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	
		PAR VALUE			
		50	STK	.0100	
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 2/4/25	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov