



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year: 2019**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 127291		2. Exact name of the Corporation OAK HARBOUR DONUTS, INC.				
3. Principal Office Address 98 County Street			City Taunton	State MA	Zip 02780-0000	
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 Dinart C. Serpa			Vice-President Name none			
Street Address 112 Elliott Street			Street Address none			
City Beverly	State MA	Zip 01915-	City none	State none	Zip none	
Secretary Name Bruce Thomas			Treasurer Name Bruce Thomas			
Street Address 48 Church Green			Street Address 48 Church Green			
City Taunton	State MA	Zip 02780-	City Taunton	State MA	Zip 02780-	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Dinart C. Serpa			Director Name Bruce Thomas			
Street Address 112 Elliott Street			Street Address 48 Church Green			
City Beverly	State MA	Zip 01915-	City Taunton	State MA	Zip 02780-	
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. <i>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.</i>						
Name of Authorized Representative Dinart C. Serpa President				Date 1/07/2019		
Signature of Authorized Representative 			SIGN DOCUMENT HERE			

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

**FILED**

JAN 25 2019 FORM 630 - Revised: 10/2017  
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