

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

2008

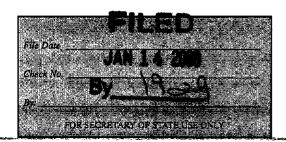
Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c&d))	is subject to a pend	ulty fee of \$25.00.			-	
1. Corporate ID No. 141895		2. Name of Corporation TORUS PARK AVE., INC.				
3. Street Address Principal Business Office 1111 Park Avenue			City Cranston	State R1	<sup>Zip</sup> 02910-0000	
4. Business Phone No.		5. State of Incorporal RI	tion			
6. Brief Description of the Characte to operate a donut fra	r of Business Conducted anchise	d in Rhode Island				
7. NAMES AND ADDRESSE	S OF THE OFFICE	ers: ("X" box for a	( <i>TTACHMENT</i> ) 🔲 FILE IN SPA	CES BEFORE USING	ATTACHMENTS	
President Name			: Vice President Name			
George Zwiener			George Zwiener			
Street Address 36 Sunset Avenue			Street Address 36 Sunset Avenue			
City North Kingstown	State RI	<sup>Zip</sup> 02852-	City North Kingstown	State RI	<sup>Zip</sup> 02852-	
Secretary Name George Zwiener			Treasurer Name George Zwiener			
Street Address 36 Sunset Avenue			Street Address 36 Sunset Avenue			
North Kingstown	State RI	<sup>Zip</sup> 02852-	North Kingstown	State RI	<sup>Zip</sup> 02852-	
8. NAMES AND ADDRESSE	S OF THE DIREC	IORS: ("X" BOX FOR	<i>Altachment)</i> 📋 fill in si	ACES BEFORE USIN	G ATTACHMENTS	
Director Name George Zwiener			Director Name  none			
Street Address 36 Sunset Avenue			Street Address none			
City North Kingstown	State RI	ZiB2852-	none	State none	Zip none	
Director Name none			Director Name none			
Street Address none			Street Address none			
City none	State none	Zip none	City none	State none	Zφ none	
9. SHARES AUTHORIZED  AUTHORIZED SHARES	CX" BOX FOR A	ПАСНИЕМТ) 🗀 📖	10. SHARES ISSUED (	PROCESSOR STATEMENT OF STATEMEN	and the control of the property of the control of	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600	Common	No Par	100	Common	No Par	
			THIS SECTI	ON MAUST BE CA	Control of the contro	
This report must be execute			orized representative. If the corp	oration is in the hand	s 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	ve examined this report
including any accompanying schedules and statements	, and that all statement
contained herein are true and correct.	
Love turen	1/07/08
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Signature / Date George Zwiener

Print or Type Name President

Title