



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

2008

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 penalty fee of \$25.00.

1. Corporate ID No. 87183		2. Name of Corporation 3 ON 3 DONUTS, INC.			
3. Street Address Principal Business Office 49 Nooseneck Hill Road			City West Greenwich	State RI	Zip 02818-0000
4. Business Phone No. (401) 828-6530		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut franchise					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John P. Henderson			Vice President Name Dolores Henderson		
Street Address 25 Green Hill Way			Street Address 25 Green Hill Way		
City East Greenwich	State RI	Zip 02818-	City East Greenwich	State RI	Zip 02818-
Secretary Name Debra L. Henderson			Treasurer Name John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
City Coventry	State RI	Zip 02816-	City East Greenwich	State RI	Zip 02818-
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John P. Henderson			Director Name Dolores Henderson		
Street Address 25 Green Hill Way			Street Address 25 Green Hill Way		
City East Greenwich	State RI	Zip 02818-	City East Greenwich	State RI	Zip 02818-
Director Name Debra L. Henderson			Director Name John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
City Coventry	State RI	Zip 02716-	City East Greenwich	State RI	Zip 02818-
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	100	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.

File Date **FILED**
Check No. **FEB 08 2008**
By **006302**
FOR SECRETARY OF STATE USE ONLY

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.

Signature **John P. Henderson** Date **1/07/08**
Print or Type Name
President
Title