



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.<br>80346  |               | 2. Name of Corporation<br>METACOM AVE. DONUTS, INC. |  |               |                   |
| 3. Street Address Principal Business Office<br>670 Metacom Avenue   |               |   | City<br>Warren                               | State<br>RI   | Zip<br>02885-0000 |
| 4. Business Phone No.<br>(410) 245-9400   |               | 5. State of Incorporation<br>RI                     |  |               |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>to operate a donut franchise |               |   |  |               |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS  |               |   |  |               |                   |
| President Name<br>Joseph Prazeres   |               |   | Vice President Name<br>Joseph Prazeres       |               |                   |
| Street Address<br>670 Metacom Avenue  |               |   | Street Address<br>670 Metacom Avenue         |               |                   |
| City<br>Warren  | State<br>RI   | Zip<br>02885-                                       | City<br>Warren                               | State<br>RI   | Zip<br>02885-     |
| Secretary Name<br>Joseph Prazeres   |               |   | Treasurer Name<br>Joseph Prazeres            |               |                   |
| Street Address<br>670 Metacom Avenue  |               |   | Street Address<br>670 Metacom Avenue         |               |                   |
| City<br>Warren  | State<br>RI   | Zip<br>02885-                                       | City<br>Warren                               | State<br>RI   | Zip<br>02885-     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS |               |   |  |               |                   |
| Director Name<br>Joseph Prazeres  |               |   | Director Name<br>none                        |               |                   |
| Street Address<br>670 Metacom Avenue  |               |   | Street Address<br>none                       |               |                   |
| City<br>Warren  | State<br>RI   | Zip<br>02885-                                       | City<br>none                                 | State<br>none | Zip<br>none       |
| Director Name<br>none   |               |   | Director Name<br>none                        |               |                   |
| Street Address<br>none  |               |   | Street Address<br>none                       |               |                   |
| City<br>none  | State<br>none | Zip<br>none   | City<br>none                                 | State<br>none | Zip<br>none       |
| 9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ( )   |               |   |  |               |                   |
| AUTHORIZED SHARES   |               |   | 10. SHARES ISSUED (X) BOX FOR ATTACHMENT ( ) |               |                   |
| 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.

FILED  
FEB 08 2008  
BY [Signature]  
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] 1/07/08  
Signature Date

Joseph Prazeres  
Print or Type Name  
President  
Title