

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 pena	tty fee of \$25.00.					
1. Corporate ID No.	2. Name of Corpora J.P. DON						
65753		U15, INC.					
3. Street Address Principal Business Office 275 Main Street			City Warren	State RI	<sup>Zip</sup> 02885-0000		
4. Business Phone No.		5. State of Incorporal	tion				
6. Brief Description of the Characte to operate a donut sh	r of Business Conducted <b>op</b>	in Rhode Island					
7. NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR A	<i>(TTACHMENT)</i> 🔲 FILL IN	SPACES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name				
Joseph Prazeres			Joseph Prazeres				
Street Address 670 Metacom Avenue			Street Address 670 Metacom Avenue				
City	State	Zip	City	State	Zip		
Warren	RI	02885-	Warren	RI	02885-		
Secretary Name Joseph Prazeres			Treasurer Name Joseph Prazeres	Treasurer Name Joseph Prazeres			
Street Address 670 Metacom Avenue			Street Address 670 Metacom Avenue				
City Warren	State RI	<sup>Zip</sup> 02885-	City Warren	State RI	<sup>Zip</sup> 02885-		
8. NAMES AND ADDRESSE	S OF THE DIRECT	IORS: ("X" BOX FOR	(ATTACHMENT) 🔲 FILL I	N SPACES BEFORE USIN	G ATTACHMENTS		
Director Name Joseph Prazeres	ander (4,5 %), London processor and construct and construct of the construction of the	a kara-karana. Ba da da kara 1 sari kini in karananan karan-an karan-an-an-an-an-an-an-an-an-an-an-an-an-a	Director Name none	nami ka kerantaka kika 23 Gulabaran da Palauni arawa keranta 1927 di 13 Perentah	A CANA ERA JOHNSON POPULATO NEPORA JAMOS JOHNSON SIGNA CONTROL TORONTA CALLA SIGNAMENTA		
Street Address 670 Metacom Avenue			Street Address none				
<sup>Cuy</sup> Warren	State RI	<sup>Zip</sup> 02885-	Ctty none	State none	<sup>Zip</sup> none		
Director Name <b>none</b>			Director Name none				
Street Address none			Street Address none				
City none	State none	Zip none	City none	State none	Zip none		
9. SHARES AUTHORIZED AUTHORIZED SHARES	CX" BOX FOR A	TACHMENT)	hinaidilide de de distriction de la primale production en commence que production en contraction en contraction	) ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED	(Attended to the light of the least of the l		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
600	Common	No Par	100	Common	No Par		
			THIS SE	CTO BUSTER V	THE PARTY OF THE P		
This report must be execute	d on behalf of the	corporation by an auth	norized representative. If the	corporation is in the hand	ls of a receiver or trustee.		

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date				
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FO.	R SECRETARY	OF STATE US	E ONLY	

Under penalty of perjury, I declare and a	iffirm that I have examined this report,
including any accompanying schedules	and statements, and that all statements
contained herein are true and correct.	

Isholm	1/07/08	
Signature	Date	_

Joseph Prazeres

Print or Type Name President

Form 630 Rev. 12/06