

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2009

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(ccrd)) is

subject to a penalty fee of \$25.00	9.						
1. Corporate ID No.	2. Name of Corporation						
43927	DIAMO	ND HILL DONUTS, I	NC				
3. Street Address Principal Business Office			City	State	Zip		
1431 Diamond Hill Road			Woonsocket	RI	02865-0000		
4. Business Phone No.		5. State of Incorporation	5. State of Incorporation				
(401) 762-9840 RL							
6. Brief Description of the Chard							
to operate a donut	franchise						
7. NAMES AND ADDRES	SES OF THE OFFI	CERS: ("X" BOX FOR A)	<i>TACHMENT</i> ) _ FILL IN SI	PACES BEFORE USING	ATTACHMENTS		
President Name	AND THE A COMMENT OF THE PROPERTY OF THE PARTY OF THE PAR		Vice President Name				
Luis Ferreira			Luis Ferreira				
Street Address			Street Address				
1431 Diamond Hill Rd.			1431 Diamond Hil	1431 Diamond Hill Rd.			
City	State	Zip	City	State	Zip		
Woonsacket	RI	02865-	Woonsocket	RI	02865		
Secretary Name		JV#QVJ7	: Treasurer Name				
			Luis Ferreira	Luis Ferreira			
Luis Ferreira Street Address			Street Address				
1431 Diamond Hil	n Da		1431 Diamond Hil	l Rd			
City	State State	Zip	: City	State	Zip		
Woonsocket	RI	02865-	Woonsocket	RI	02865-		
	SES OF THE DIRE		<i>attächment)</i> 🔲 fill in				
Director Name			Director Name		opioliti vinitar o principali. Propioli devolute propionali propioni propioni propioni propioni propioni propi		
Luis Ferreira			none				
Street Address			Street Address				
1431 Diamond Hill Rd.			none	none			
City	State	Zip	City	State	Zφ		
Woonsocket	RI	02865-	none	none	none		
Director Name	Director Name			Director Name			
none			none	none			
Street Address			Street Address	Street Address			
none			none				
City	State	Zip	City	State	Zip		
none	none	none	none	none	none		
9. SHARES AUTHORIZEI	)		10. SHARES ISSUED (	"X" BOX FOR ATTAC	Committee and the committee of the commi		
			ISSUED SHARES — THIS SECT		magnistation representation of the second second complete and the contract of		
		0.65	N. 1. (C)	Class/Series	Par Value		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			it				
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instruction sheet.			THE SECT	nga musi sa si	medical in the state of the sta		
			\$ \$4.63 (**) *********************************	<i>"</i>			
T1:	4.4 b-1-15 -6.0			mountion is in the best	a of a regainer of trusts:		
Inis report must be execu	ited on behalf of the	corporation by an author	ized representative. If the cor	potation is in the hand	s of a receiver of trustee,		

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

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COLUMN CONTRACTOR	The state of the state of	Was to the	ii e e e e e e e e e e e e e e	125
	SECRETARY	OPPTATE	PEZINTV	
I PUR	. JECKBIAKI	UFSIMIEL	BE WILL	

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.

Luis Ferreira LUIS FERRE

Print or Type Name

President

Title