



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

## 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(c&d)) is subject to a penalty fee of \$25.00.

|  |             |   |   |                        |                   |
|--|-------------|---|---|------------------------|-------------------|
| 1. Corporate ID No.<br>45522   |             | 2. Name of Corporation<br>R.B. DONUTS, INC. |   |                        |                   |
| 3. Street Address Principal Business Office<br>237 WAYLAND AVENUE  |             |   | City<br>PROVIDENCE                            | State<br>RI            | Zip<br>02910      |
| 4. Business Phone No.<br>401-228-6828  |             | 5. State of Incorporation<br>MASSACHUSETTS  |   |                        |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>FRANCHISE COFFEE AND DONUT SHOP   |             |   |   |                        |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |   |                        |                   |
| President Name<br>ROBERT BOWEN   |             |   | Vice President Name<br>ROBERT BOWEN           |                        |                   |
| Street Address<br>2 TAUNTON STREET, 2ND FLOOR  |             |   | Street Address<br>2 TAUNTON STREET, 2ND FLOOR |                        |                   |
| City<br>PLAINVILLE   | State<br>MA | Zip<br>02762                                | City<br>PLAINVILLE                            | State<br>MA            | Zip<br>02762      |
| Secretary Name<br>ROBERT BOWEN   |             |   | Treasurer Name<br>ROBERT BOWEN                |                        |                   |
| Street Address<br>2 TAUNTON STREET, 2ND FLOOR  |             |   | Street Address<br>2 TAUNTON STREET, 2ND FLOOR |                        |                   |
| City<br>PLAINVILLE   | State<br>MA | Zip<br>02762                                | City<br>PLAINVILLE                            | State<br>MA            | Zip<br>02762      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |   |                        |                   |
| Director Name<br>ROBERT BOWEN  |             |   | Director Name<br>SAME AS ABOVE                |                        |                   |
| Street Address<br>2 TAUNTON STREET, 2ND FLOOR  |             |   | Street Address                                |                        |                   |
| City<br>PLAINVILLE   | State<br>MA | Zip<br>02762                                | City  | State                  | Zip               |
| Director Name<br>SAME AS ABOVE   |             |   | Director Name<br>SAME AS ABOVE                |                        |                   |
| Street Address   |             |   | Street Address                                |                        |                   |
| City   | State       | Zip   | City  | State                  | Zip               |
| 9. SHARES AUTHORIZED   |             |   |   |                        |                   |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |             |   |   |                        |                   |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |             |   |   |                        |                   |
| 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. |             | Number of Shares<br>100                     |   | Class/Series<br>COMMON | Par Value<br>NONE |
|  |             | 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 9 2009**  
By: **2009**  
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

Date

Print or Type Name

Title