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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.	2. Name of Corporation			
56060	TONY'S DONUTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
791 LONSDALE AVENUE		CENTRAL FALLS	RI	02863
4. Business Phone No.	5. State of Incorporation			
4017243530	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
DONUT AND COFFEE SHOP

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ANTONIO QUINTANILHA			ANTONIO QUINTANILHA		
Street Address			Street Address		
1080 RIVERSIDE AVENUE			1080 RIVERSIDE AVENUE		
City	State	Zip	City	State	Zip
SOMERSET	MA	02726	SOMERSET	MA	02726
Secretary Name			**Treasurer Name**		
ANTONIO QUINTANILHA			ANTONIO QUINTANILHA		
Street Address			Street Address		
1080 RIVERSIDE AVENUE			1080 RIVERSIDE AVENUE		
City	State	Zip	City	State	Zip
SOMERSET	MA	02726	SOMERSET	MA	02726

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ANTONIO QUINTANILHA			NONE		
Street Address			Street Address		
1080 RIVERSIDE AVENUE					
City	State	Zip	City	State	Zip
SOMERSET	MA	02726			
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

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.

Antonio C. Quintanilha 2/10/09
Signature *Date*

ANTONIO QUINTANILHA
Print or Type Name

PRESIDENT Antonio C Quintanilha
Title

File Date	3-23-09
Check No.	1577
By:	mnc

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 08/08

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