

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

2009

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(ccrd)) is

subject to a penalty fee of \$25.00	<u> </u>						
1. Corporate ID No.	2. Name of Corpo	ration					
6993	MANTO	MANTON DONUTS, INC.					
3. Street Address Principal Busin	ress Office	•	City	State	Zip		
1955 Westminster Street			Providence	RI	02909-0000		
4. Business Phone No.		5. State of Incorporation					
(401) 621-7996 RI							
6. Brief Description of the Chard		ed in Rhode Island					
to operate a donut		TO 200 THE COMPANY OF	e ny sarang serina wakan ny pinanganan any andra andra i hamilan in 127,527 di Julia	COLONISCE CONTRACTOR NOT LE METERNAL ET MANNEN RANGERARAN LAVA COLON DE LA			
0.6%,0 %640,0 (400.000). CONTROL AND CONTROL CONTROL AND CONTROL A	ses of the offic	ERS: ("X" BOX FOR ATTA		PACES BEFORE USING A	STTACHMENTS		
President Name			Vice President Name				
Manuel S. Andrade			Manuel S. Andrade				
Street Address			Street Address				
1955 Westminster Street			: 1955 Westminster Street				
City	State	Zip	City	State	Zip		
Providence	RI	02909-	Providence	lRI	02909-		
Secretary Name	•		Treasurer Name				
Manuel S. Andrad	le		Manuel S. Andrade				
Street Address			Street Address				
1955 Westminster	Street		1955 Westminster Street				
City:	State	Zip	City	State	Zip		
Providence	RI	02909-	Providence	l RI	02909-		
Tall The state of	SES OF THE DIREC	TORS: ("X" BOX FOR AT	2 · · · · · · · · · · · · · · · · · · ·	SPACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name				
Manuel S. Andrad	le		none				
Street Address	614		Street Address				
1955 Westminster			none				
City	State D:	Zip 02000	City	State	Zip		
· Providence	Ri	02909-	none	none	none		
Director Name			Director Name				
none			none				
Street Address			Street Address				
none			none	La	72.		
City	State	Zip	City	State	Zip		
none	none	none	none	none	none		
9. SHARES AUTHORIZEI			garanteen transfer of the second section of the second second second second second second second second second	("X" BOX FOR ATTACH	MENIAL .		
<u></u>	·	 		CTION 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	Class/Series	Par Value		
			100	Common	No Par		
			THIS SEC	TON MUDICE OF			
			* # X D. #				
This report must be execu	ited on behalf of the	corporation by an authorize	ed representative. If the co	orporation is in the hands	of a receiver or trustee.		
		corporation by the receiver			7		

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File Date	\$ 76.0			(1) 4) PA
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	FOR SECRETA	RY OF STATE	USE ONLY	45) 40 (B. 108)

Under penalty of perjury, I declare and including any accompanying schedules contained herein are true and correct.	
Mandy la	01/05/09
Signáture	Date
Manuel S. Andrade	
Print or Type Name	
President	
Title	