



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 2010

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. 47744 | | 2. Name of Corporation R.J.W. ENTERPRISES, INC. | | | |
| 3. Street Address Principal Business Office 337 Armistice Boulevard | | | City Pawtucket | State RI | Zip 02861-0000 |
| 4. Business Phone No. | | 5. State of Incorporation RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island operation of a donut shop | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Carlos Santos | | | Vice President Name Carlos Santos | | |
| Street Address 3 Carlton Lane | | | Street Address 3 Carlton Lane | | |
| City Foxboro | State MA | Zip 02035- | City Foxboro | State MA | Zip 02035- |
| Secretary Name Carlos Santos | | | Treasurer Name Carlos Santos | | |
| Street Address 3 Carlton Lane | | | Street Address 3 Carlton Lane | | |
| City Foxboro | State MA | Zip 02035- | City Foxboro | State MA | Zip 02035- |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Carlos Santos | | | Director Name none | | |
| Street Address 3 Carlton Lane | | | Street Address none | | |
| City Foxboro | State MA | Zip 02035- | City none | State none | Zip none |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED | | |
| | | | Number of Shares 100 | Class Series Common | Par Value No Par |
| | | | | | |

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 | <u>1-12-2010</u> |
| Check No. | <u>004777</u> |
| By: | <u>[Signature]</u> |
| 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 | <u>[Signature]</u> | Date | <u>01/04/2010</u> |
| Carlos Santos | | | |
| Print or Type Name President | | | |
| Title | | | |